

1107000004630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

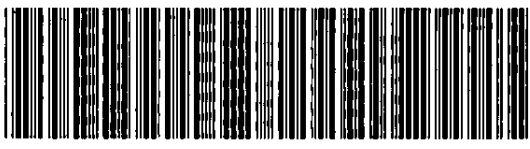
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Capri Courts Condominium Association Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO7000004630

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nuvia L. Abigantus  
(Name of Person)

Capri Courts Condominium Association Inc.  
(Name of Firm/Company)

15751 Sheridan St. #187  
(Address)

Fort Lauderdale, FL 33331  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ridel Linares at ( 786 ) 395-2864  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301


**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ridel Linares, hereby resign as VPD  
(Title)

of Capri Courts Condominium Association, Inc.  
(Name of Corporation)

NO7000004630, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314