

N14985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

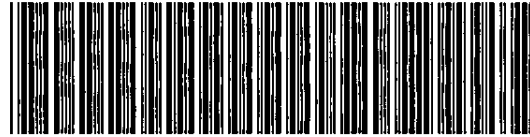
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600249829976

07/19/13--01023--018 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 JUL 19 PM 12:04

DC 7/23

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bay Professional Center Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N14985

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

Please return all correspondence concerning this matter to the following:

**David A. Luczak**

(Name of Person)

(Name of Firm/Company)

**3233 East Bay Drive, Suite 103**

(Address)

**Largo, FL 33771**

(City/State and Zip Code)

For further information concerning this matter, please call:

**David A. Luczak**

(Name of Person)

at ( 727 ) 531-8989

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 19 PM 12: 04

I, David A. Luczak, hereby resign as President  
(Title)

of Bay Professional Center Condominium Association, Inc.  
(Name of Corporation)

N14985  
(Document Number, if known) a corporation organized under the laws of the State of

Florida



\_\_\_\_\_  
(Signature of resigning officer/director)

**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