N17016

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone	
(Cit	y/State/Zip/Phone	e # _/
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	<u>.=</u>	
(Do	cument Number)	
Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

SUBJECT: The Crossings of Ormond Beach Home Owners Association INC (Name of Corporation)

DOCUMENT NUMBER: N17016

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Tom Campbell, Treasurer
(Name of Person)

The Crossings of Ormond Beach Home Owners Association INC
(Name of Firm/Company)

4 Cypress View Trail
(Address)

Ormond Beach, FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Campbell, Treasurer
(Name of Person)

1 386
1 672-6922
(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

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı,} Janie Ray	, hereby resign as Secretary
of The Crossings of	Ormond Beach Home Owners Association INC
	(Name of Corporation)
N17016	, a corporation organized under the laws of the State of
(Document Number, if kno	/n)
Florida	·
	(Signature of resigning officer/director)

Amendment Section
Division of Corporations
P.O. Box 6327

FILING FEE IS \$35.00

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

Tallahassee, Florida 32314