## 709720

(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:		



800263651408

09/18/14--01025--012 \*\*35.00

DIVISION OF CORPORATIONS

14 SEP 18 AM II: 46

Office Use Only

C. Lewis 14

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Coquina Ney Property Owner's Association Inc
DOCUMENT NUMBER: 709720
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sarah Morrow (Name of Person)
Coquina Key Resident + Home owner (Name of Firm/Company)
3696 Beach Dr SE
St. Petersburg, FL 33705 (City/State) and Zip Code)
For further information concerning this matter, please call:
Sarah Morrow at (727) 330 · 0689 (Name of Person) (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

14 SEP 18 AM 11: 46

1, Sarah Morrou	, hereby resign as_	President
of Coquina hey Proper	rty Owner's Ass	ociation Inc.
709720 (Document Number, if known)	, a corporation organized und	
Florida	,	

nature 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

Please send confirmation of changes status to: Sarah Morrow 3696 Beach Dr SE St. Petersburg, FL 33705