N050000008575

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(otty/outo/2/p/ none //	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
· -	
Special Instructions to Filing Officer:	

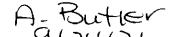
Office Use Only



500373198735

69/13/21--01013-+025 **35.00





Bona Vista Seminole Condominium Association Inc.

821 Camargo Way

Altamonte Springs, FL 32714

To the Membership of Bona Vista Seminole Condominium Inc:

As I have closed on my home and moved on from Bona Vista on June 18, 2021, I am resigning my position on the Board of Directors effective that date.

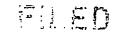
It has been an experience that I will not soon forget, and I trust everyone has learned much about our homes and property from the board the was elected in November 2019.

I honestly believe the new board and property management team shall continue in their own way, to make every day "New" at Bona Vista.

All the Best,

Nume 25,-2021

TRANSMITTAL LETTER



TO: Amendment Section Division of Corporations 2021 SEP 13 AM 7: 12

	JEONETHICY OF STATE
SUBJECT: BONA VISTA SEMINOLE CONDOMINIUM ASSOCI	ATION, INC. TALLAHASSEE, FL.
(Name of Corpor	ation)
DOCUMENT NUMBER: NO5000008575	
The enclosed Officer/Director Resignation for a Corporation	n and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Steven Schiff	
(Name of Person)	•
BONA VISTA SEMINOLE CONDOMINIUM ASSOCIATION, INC	
(Name of Firm/Company)	•
821 CAMARGO WAY	
(Address)	•
ALTAMONTE SPRINGS FL 32714	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Steven Schiff (Name of Person) at (407 (Area Cod	774-7267 e & Daytime Telephone Number)
(Alta Cou	e a 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2021 SEP 13 AM 7: 12

DECRETAND OF STATE
TALLARY SSEE, FL

* * = + + 1 + + + + + + + + + + + + + + + +
DIRECTOR
, hereby resign as
(Title)
SOCIATION, INC.
ation)
,
poration organized under the laws of the State of
solution organized under the laws of the State of
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