

701229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

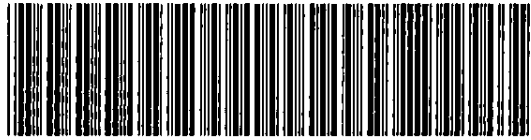
(Business Entity Name)

(Document Number)

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Handwritten signature and date: 10-12-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARROLLWOOD CIVIC ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 701229

The enclosed Officer/Director Resignation ^{✓ F APPOINTMENT} for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK SNELLGROVE

(Name of Person)

CARROLLWOOD CIVIC ASSOCIATION, INC.

(Name of Firm/Company)

3515 MACFARLAND ROAD

(Address)

TAMPA, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK SNELLGROVE

(Name of Person)

at (813) 846-0424

(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

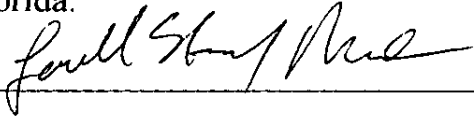
Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER/DIRECTOR RESIGNATION AND
APPOINTMENT FOR A CORPORATION**

RESIGNING OFFICER

I, Lowell S. Martin, hereby resign as Treasurer of Carrollwood Civic Association, document number 701229, a corporation organized under the laws of the State of Florida.

X 

Lowell S. Martin

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TALLAHASSEE, FLORIDA

FILED

Filing fee of \$35.00 is enclosed