

719042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

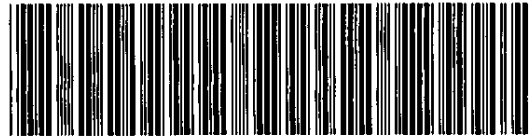
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
2016 AUG - 1 AM 8:42

AUG 10 2016

C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Isle of Normandy CONDOMINIUM, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 719042

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

Please return all correspondence concerning this matter to the following:

JOSEFINA LIMA  
(Name of Person)

ISLE OF NORMANDY CONDOMINIUM INC  
(Name of Firm/Company)

47 Jean Lafitte Dr  
(Address)

Key Largo FL 33037  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEFINA LIMA at ( 786 ) 514-1007  
(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

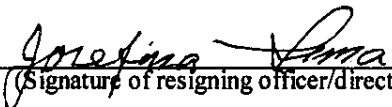
2016 AUG - 1 AM 8: 42

I, JOSEFINA LIMA, hereby resign as SECRETARY  
(Title)

of ISLE OF NORMANDY CONDOMINIUM . INC .  
(Name of Corporation)

719042, a corporation organized under the laws of the State of  
(Document Number, if known)

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