## 

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	·
(Business Entity Name)	02/28/1301014016 **35.00
(Document Number)	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Four Seasons	Property Owners Association, Inc.  (Name of Corporation)
DOCUMENT NUMBER: 74943	32
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Robert W. Newsom	ne
(Name of Pers	
(Name of Firm/Co	ompany)
10318 Winterview I	Orive
(Address)	
Naples, FL 34109	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Calley Fletcher	at (239 ) 250-8613 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e 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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as Secretary/Director (Title)
Owners Association, Inc.
ation organized under the laws of the State of
A SE
AHASSEE POR Chigning 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