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#### TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Grove Gate Condominium Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 751645
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Sherman
(Name of Person)
Thomas G. Sherman, P.A.
(Name of Firm/Company)
90 Almeria Avenue
(Address)
Coral Gables, Florida 33134
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Sherman at (305 ) 448-5898
(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

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> ROBERT C. FRAZIER	DIRECTOR & PRESIDENT , hereby resign as
	(Title)
of GROVE GATE CONDOMIN	
(Name of Corporat	ion)
751645 (Document Number, if known), a corpo	ration organized under the laws of the State of
Florida	

Aslet Christophe Physical (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

#### TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations** 

Grove Gate Condominium Association, Inc. (Name of Corporation) **DOCUMENT NUMBER:** 751645 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Sherman (Name of Person) Thomas G. Sherman, P.A.

(Name of Firm/Company)

90 Almeria Avenue

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Sherman

(Name of Person)

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

I, TONY ROMANO	DIRECTOR & TREASURER, hereby resign as
	(Title)
	MINIUM ASSOCIATION, INC.
(Name of Corp	oration)
751645 (Document Number, if known), a co	orporation organized under the laws of the State of
Florida	
Ten u	Randay
(Signatur	e of resigning officer/director)
	16 DEC -2 F
FILIN	G 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