754741

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF ORIDA

TRANSMITTAL LETTER

SUBJECT: Hime Condoninions II Association, Inc	•
DOCUMENT NUMBER: 754741	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lawrence Salas (Name of Person)	
All Star Praity (Name of Firm/Company)	
9425 Suract Dr. #180	
Miomi, Fl. 33143 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Morgie Sabs at (305) 593-1260 (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 Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Lowrence Salas	hereby resign as	Director (Title)	
of Prince Condon (Name of C	orporation)	Association	, INC
(Document Number, if known)	corporation organized under t	he laws of the State of	
Florida	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(Signs	And of resigning officer/director)	02 DEC -4 PM 4" US SEGRETARY OF STATE TALLAHASSEE, FLORIDA	-

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