

765248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

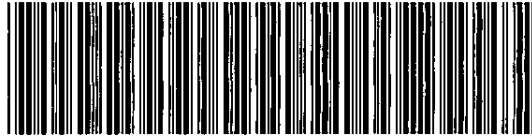
(Business Entity Name)

(Document Number)

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*Bo / Li. Person*

08 MAY -5 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. Roberts MAY 10 9:2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lost Key Landing Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 765248

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Jonnie L. Burch

(Name of Person)

Lost Key Landing Condominium Association, Inc

(Name of Firm/Company)

P.O. Box 34058

(Address)

Pensacola, FL 32507-1058

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristine Robinson

(Name of Person)

at ( 708 ) 642-8498

(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  
FOR A CORPORATION**

FILED

08 MAY -5 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Jonnie L. Burch, hereby resign as President  
(Title)

of Lost Key Landing Condominium Association, Inc.  
(Name of Corporation)

765248, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Jonnie L. Burch  
(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