(Re	equestor's Name)	
(Ad	ldress)	·
. (Ad	ldress) ·	
(Cit	ty/State/Zip/Phone	#)
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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

OAKLEE GROVE CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: 767433 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KEVIN K. DIXON, ESQ. (Name of Person) KEVIN K. DIXON, P.A. (Name of Firm/Company) 210 WEST HIGHLAND BLVD. (Address) **INVERNESS, FL 34452** 

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN K. DIXON, ESQ.

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

MARTHA SLEEP	PRESIDENT / TREASURER / DIRECT , hereby resign as (Title)	OR 
OAKLEE GROVE CO	NDOMINIUM ASSOCIATION, INC.	• .
(Name	of Corporation)	
767433 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA		
Mary	SECRETARY OF STATE TALLAHASSEE, FLORID.  ILING FEE IS \$35.00	71110
. <b>F</b>	ILING 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