770269

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| (1888-111) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TRANSMITTAL LETTER

| SUBJECT: MANGRICK CONSOHINIUM ASSOCIATION, TWO. (Name of Corporation) |
|-----------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: 770269 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| LANCE DOUGLAS (Name of Person) |
| (Name of Person) |
| MANTELICK CONDOMINUM ASSOCIOTION TECTOR |
| 485 S. ATLANTICAVE (Address) |
| (Address) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| LANCE DouGlas at (40-7) 687-7297 (Name of Person) at (40-7) 687-7297 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. <u>F</u> | BARNARD (| Gilley | , hereby resign as | TRASUREN (Title) |
|-------------|----------------------------|---------------------------|--------------------|-------------------------------|
| of | Maveriul | Conto Hinjury (Name of Co | Assoumon, J | wc. |
| | 770269 (Document Number | , a | • | nder the laws of the State of |
| | Floric | la. | | |
| | | | | |

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