

N000000003134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

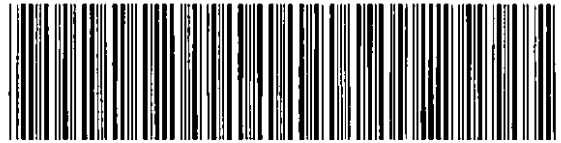
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10/28/24--01022--001 *\$35.00

FILED

2024 OCT 28 AM 10:25

CLERK OF SUPERIOR COURT
JANUARY 1, 2025

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arbor Trace Home Owners Association of Indian River County Inc
(Name of Corporation)

DOCUMENT NUMBER: N00000003134

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dean Sposato
(Name of Person)

Orchid Island Management Group
(Name of Firm/Company)

PO Box 643428
(Address)

Vero Beach, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

Dean Sposato at (772) 321-3453
(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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2024 OCT 30 AM 10:25
STATE OF FLORIDA
TALLAHASSEE

I, Henry Heroux, hereby resign as President
(Title)

of Arbor Trace Homeowners Association of Indian River County, Inc
(Name of Corporation)

NO0000003134, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Henry Heroux
(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