

N01569

Yvonne House Condominium Association, Inc.
1700 West 58th Street
Hialeah, FL 33012

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****35.00 *****35.00

FILED
99 MAY 17 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 1999



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF OFFICER AND/OR DIRECTOR

AFFIDAVIT

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

BEFORE ME, the undersigned authority, personally appeared GRACIELA CORVO, who by me being first duly sworn says to the best of her knowledge, information and belief, and under penalties of perjury:

1. That GRACIELA CORVO has resigned as a President/Director of YVONNE HOUSE CONDOMINIUM ASSOCIATION, INC., a Florida corporation;
(Name of Corporation)

2. That the corporation has been notified in writing of the resignation; and
3. That corporate minutes relating to the resignation are unavailable.

FURTHER AFFIANT SAYETH NOT.

[Signature]

AFFIANT

FILED
99 MAY 17 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

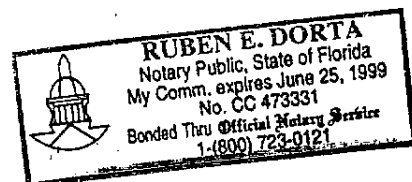
Sworn to and subscribed before me this 11th day of May, 1999.

[Signature]

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES:

My Commission Expires: _____

FILING FEE IS \$ 35.00



DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(904) 487-6051