

N03 000000 1448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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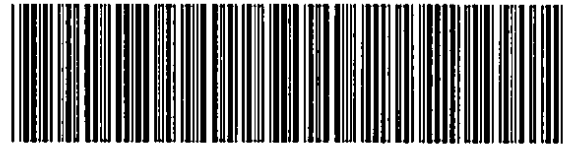
(Business Entity Name)

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CLERK OF COURT
STATE OF

C. BRUMBLEY

JUN 21 2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PADDOCK PARK MEDICAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N03000001448

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

Please return all correspondence concerning this matter to the following:

JOHN P GRESH

(Name of Person)

(Name of Firm/Company)

2714 SE 22ND AVE

(Address)

OCALA, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN P GRESH

(Name of Person) at (352) 804-1989
(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**

I, JOHN P GRESH, hereby resign as DIRECTOR
(Title)

of PADDOCK PARK MEDICAL CENTER PROPERTY OWNERS' ASSOCIATION, Inc.
(Name of Corporation)

N03000001448, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2022 MAY -2 PM 4:38
TALLAHASSEE, FL

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