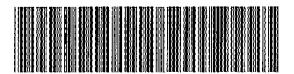
## N03000005274

i e
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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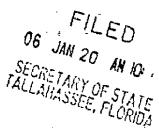


## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: PALM CITY FARMS TRAIL ASSOCIATION INCORPORATED
(Name of Corporation)
DOCUMENT NUMBER: N03000005274
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
RON SHEWMAKER
(Name of Person)
(Name of Firm/Company)
6308 SW 33rd STREET
(Address)
PALM CITY, FL 34990
(City/State and Zip Code)
For further information concerning this matter, please call:
RON SHEWMAKER 772 781-2157
RON SHEWMAKER  at (772) 781-2157  (Name of Person) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



T. KATHY CLA	<b>ARK</b>	, hereby resign as	TREASURER/DIRECTOR
-7		,, <u>,</u> <u>,</u>	(Title)
of PALM CITY	FARMS TRAIL	ASSOCIATION INCORPOR	ATED
	(Na	me of Corporation)	
N0300000527	i	, a corporation organized un	der the laws of the State of
(Document N	Number, if known)	•	
FLORIDA		············	
}	} }		
}	40	athy Clark	
}	}	(Signature of resigning officer/direct	tor)

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