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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	#)
, Dick-nb	WAIT	MAIL
, (B	usiness Entity Name	<u>)</u>
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Doral Palace Condominio	um Association
SCHOLECT.	(Name of Corporation)
DOCUMENT NUMBER: N040000	03939
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Valentino Losauro	
(Name of Person)	
Doral Palace Condominium Associa	tion
(Name of Firm/Compan	у)
3300 North Key Drive #8W	
(Address)	
North Fort Myers, Florida 33903	
(City/State and Zip Code	e)
For further information concerning this n	natter, please call:
Valentino Losauro	at (239) 826-6564 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	able to the Florida Department of State.
Amendment Section Am Division of Corporations Div Clifton Building Pos	iling Address: endment Section ision of Corporations t Office Box 6327 lahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Lauren Grace	, hereby resign as Board President	
1,	(Title)	
of Doral Palace Condominium A	Association , responsible of Corporation)	
N0400003939 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
	(Signature of resigning officer/director)	
	16 PH 12: 3	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314