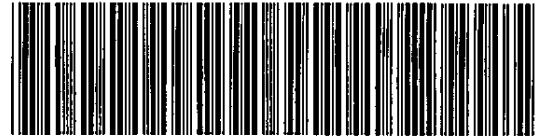


ND400 00004615



600290837426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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I ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coleman Business Centre, Condominium Association Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO4000004615

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

Please return all correspondence concerning this matter to the following:

DONALD T. BRADY
(Name of Person)

(Name of Firm/Company)

4250 MAYFAIR LANE
(Address)

PORT ORANGE, FL. 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

DON BRADY at (386) 761-2914
(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
2661 Executive Center Circle
Tallahassee, FL 32301

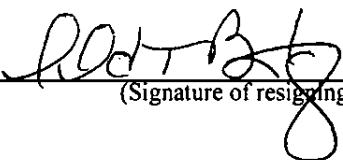
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DONALD T BRADY, hereby resign as PRESIDENT
(Title)

of COLEMAN BUSINESS CENTRE CONDOMINIUM ASSOCIATION INC,
(Name of Corporation)

NO4000004615, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

 9-28-16
(Signature of resigning officer/director)

SECRET
TALLAHASSEE, FLORIDA

2016 OCT -3 PM 12:38

FILED

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