

N04000007797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

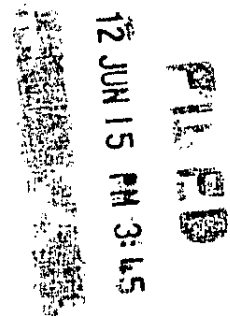
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06/15/12--01005--011 \*\*35.00



O/D  
Resign.  
06-27-12  
Dc

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crescent Beach Professional Office Owners Association  
(Name of Corporation) Inc

**DOCUMENT NUMBER:** NO4000007797

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

Please return all correspondence concerning this matter to the following:

Ronnie Tumlin  
(Name of Person)

Crescent Beach Professional Office Owners Assoc  
(Name of Firm/Company)

6275 AIA S #702  
(Address)

St Augustine FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronnie Tumlin at ( 904 ) 471 9696  
(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

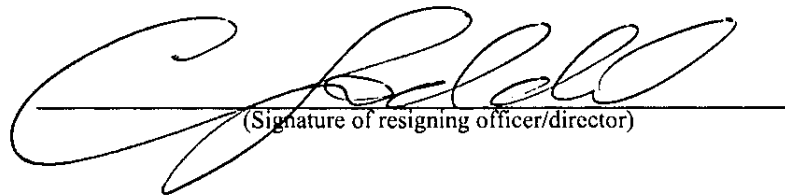
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Carolyn Goddard, hereby resign as STD  
(Title)

of Crescent Beach Professional Office Owners Association,  
(Name of Corporation) Inc.

NO4000007797 a corporation organized under the laws of the State of  
(Document Number, if known)

FL

  
(Signature of resigning officer/director)

**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

**FILED**  
**12 JUN 15 PM 3:45**