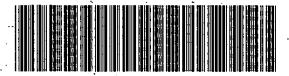


- (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

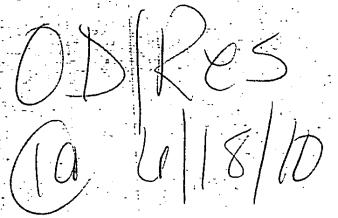
Office Use Only



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06/17/104-01026--002 **105.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

. —————————————————————————————————————		
SUBJECT: OAK VISTAS COMMUNITY ASSOCIATION, INC. (Name of Corporation) The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: Laura Meronk (Name of Person) Godfrey & Kahn, S.C. (Name of Firm/Company) 100 West Lawrence (Address) Appleton, WI 54912 (City/State and Zip Code) For further information concerning this matter, please call: Laura Meronk (Name of Person) (Area Code & Daytime Telephone Number)		
Please return all correspondence conc	(Name of Corporation) enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing se return all correspondence concerning this matter to the following: a Meronk (Name of Person) rey & Kahn, S.C. (Name of Firm/Company) West Lawrence (Address) eton, WI 54912 (City/State and Zip Code) further information concerning this matter, please call: a Meronk at (920) 830-2800	
Laura Meronk		
(Name of Person)		
Godfrey & Kahn, S.C.		1 ''
		1
100 West Lawrence		
(Address)		
Appleton, WI 54912		
	•	
For further information concerning th	is matter, please call:	
Laura Meronk atat	(920) 830-2800	
(Name of Person)	(Area Code & Daytime Telephone	e 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 32314

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_I Stephen Mabry	hereby resign as Director			
+)			(Tit	tle)
of Oak Vistas Community Asso	ociation, Inc.			
	ne of Corporation)			
N0400010100 (Document Number, if known)	, a corporation organized unde	er the la	ws of the	State of
Florida		-	İ.	

(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 SECRETARY OF STATE TALLAHASSEE, FLORID