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(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:
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Alta Ma Contaminium Association, Fre. (Name of Corporation)
DOCUMENT NUMBER: NOSOODOS304
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sue Fenge (Name of Person)
Alta Mar Condominium Association, Inc (Name of Firm/Company)
2825 Palm Bach Blud.
A. Myers FL 33916 (City/State and Zip Code)
For further information concerning this matter, please call:
Sue tenge at (239) 461-0002 (Name of Person) at (239) 461-0002 (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

of Alta Mar Condominium Association, Inc.

(Name of Corporation)

Association, Inc.

(Name of Corporation)

Association, Inc.

(Singulate of resigning officer/director)

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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

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