N050000539

| | (Requestor's Name) | | |
|---|--------------------------|--------|--|
| | (Address) | | |
| <u> </u> | (Address) | | |
| | | | |
| • | (City/State/Zip/Phone #) | | |
| PICK-U | P WAIT | MAIL | |
| | (Business Entity Name) | | |
| • | (, | | |
| • | (Document Number) | | |
| Certified Copies | Certificates of S | Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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officer Resignation
TB 1-6-09

COVER LETTER

| TO: | Amendment Section |
|-----|--------------------------|
| | Division of Corporations |

| • |
|--|
| SUBJECT: Tangle wood Preserve Home owner's Cessoc. Inc. (Name of Corporation) |
| DOCUMENT NUMBER: <u>NOSUOCOO 5395</u> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| (Name of Parson) |
| (Name of Firm/Company) |
| 15100 Hutchism Rd. (Address) |
| Tampa Fh 33625 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (813) 961-434/ (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

ION POEC 22 AN 7:59

TALLAHASSEE FLORIDA

(Title)

Association Inc.

| 1, Robert Allison | | |
|-----------------------------|--|------------|
| , | (1 | Title) |
| of Tanglewood Presery | ve Homeowner's associa | tion; Inc. |
| (Document Number, if known) | , a corporation organized under the laws of th | e State of |

(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