N05000005506

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(Reque	estor's Name)	
(Addre	ss)	······································
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

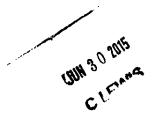
Office Use Only



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SECRETARY OF SIAGE DIVISION OF GORPERATIONS



☞ TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Arrowtree Overlook Property Owners Assoc.
(Name of Corporation)
DOCUMENT NUMBER: N05000005506
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Barone
(Name of Person)
Arrowtree Overlook POA
(Name of Firm/Company)
17401 Magnolia Island Blvd
(Address)
Clermont, FL 34711
(City/State and Zip Code)
For further information concerning this matter, please call:
John Barone at 407 694-9894
(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

SEGRETARY OF STATE DIVISION OF CORPORATIONS

15 JUN 22 AM 8: 20

ւ William J. Schwartz	, hereby resign as President
	(Title)
of Arrowtree Overlook F	Property Owners Assoc., Inc.
N05000005506	orporation organized under the laws of the State of
Florida	
(Signatur	e 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