10500007359

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						





800291987538

11/07/16--01017--013 **25.00

800291987538 12/02/16--01001--002 **10.00

THUEC-2 PI: 18
SECRETARY OF STREET

DEC 0 6 2018
T. LEMIEUX



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Trinity (rossing Property Owners Ascociation In
DOCUMENT NUMBER: NO.5000007359
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 Firm/Company)
(Address)
(City/State and Zip Code) For further information concerning this matter, please call:
(Name of Person) at (
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301



November 9, 2016

PAUL HOUVARDAS 3980 TAMPA RD STE 205 OLDSMAR, FL 34644

SUBJECT: TRINITY CROSSING PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: N05000007359

We have received your document for TRINITY CROSSING PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a non-profit corporation not a LLC. The document you sent in is not correct.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 216A00024163

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Paul H	ouvarda S	, hereby resign as	Direct	or/Agent
of_	Trinity	Crossing Po	ration) Dwne	rs Asso	ciation inc.
	N050000		poration organized unde	r the laws of the	e State of
	Florida				
		(Signature	Oversigning officer/director)	
		FILING	G FEE IS \$35.00	SLORETARY TALLAHASSE	Personal Per
	Make o	hecks payable to Flor	ida Department of Sta	te and mail to	
		Divisio	ndment Section n of Corporations O. Box 6327	\$ O	•

Tallahassee, Florida 32314