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(Re	equestor's Name)	
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SEURETARY OF STAILS.

ALLAHASSEE, FLORIDA

Officer Resign Crimmurphy 2/8/09

COVER LETTER

SUBJECT: WILTON LAKE CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: No 500000 7867
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARY KREVOY
(Name of Person)
WILTON LAKE CONDOMINIUM ASSOCIATION, INC. (Name of Firm/Company)
3406 Leigh ROAD (Address)
POMPANO BEACH FL 33062 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
CARY KREVOY at (954) 294-8796 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

Amendment Section Division of Corporations

TO:

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CARY KREVOY, hereby resign as PRESI	OENT (Title)
of WILTON LAKE CONDOMINIUM ASSOCIAT	ion, Inc.
No.500007867, a corporation organized under the laws (Document Number, if known)	of the State of
FLORIDA	
(Signature of resigning officer/director)	FILED 08 JAN -6 PH 2:58 SCURETARY OF STATE FALLAHASSEE, FLORIDA

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