N05000008987

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phon | e #) |
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TRANSMITTAL LETTER

| | mendment Section Vivision of Corporations |
|-------------------|--|
| | CT: OPA LOCKA PARK CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) |
| DOCUM | TENT NUMBER: N05000008987 |
| The enclo | osed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please re | turn all correspondence concerning this matter to the following: |
| HER | NAN DOEBLIN |
| | (Name of Person) |
| | |
| | (Name of Firm/Company) |
| 2025 | 5 NW 102 AVE, UNIT 112 |
| | (Address) |
| MIAN | MI, FLORIDA 33178 |
| | (City/State and Zip Code) |
| For furth | er information concerning this matter, please call: |
| ELVI | S GARCIA (Name of Person) at (305) 321-1741 (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. |
| Division P.O. Box | ent Section Amendment Section of Corporations Division of Corporations |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , HERNAN DOEBL | , hereby resign as |
|--|---|
| 01 | CONDOMINIUM ASSOCIATION, INC. |
| N05000008987 (Document Number, if known) | me of Corporation), a corporation organized under the laws of the State of |
| FLORIDA | |
| | |
| | (Signature of resigning officer/director) |
| | |
| , | من المنظم ال المنظم المنظم |

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