N05000010395

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e#) .
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	•
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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of. Resign.

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Oak Plantation Reso	ort & Suites Condominium Association, Inc (Name of Corporation)
DOCUMENT NUMBER:	• • •
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
Matteo Carnevale	
(Name of Perso	on)
Oak Plantation	
(Name of Firm/Con	mpany)
4090 Enchanted Oaks Circle	
(Address)	
Kissimmee, FL 34741	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Matteo Carnevale	at (407 \ 847 8200
(Name of Person)	at (407) 847 8200 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

Stand And Of Stand Of **Christine Cureton** Director hereby resign as (Title) Oak Plantation Resort & Suites Condominium Association, Inc (Name of Corporation) N05000010395 _, a corporation organized under the laws of the State of (Document Number, if known) 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