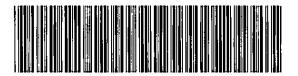
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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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CM 5/23/20

TRANSMITTAL LETTER

SUBJECT: Windsor Falls Condonsinion Assuc
DOCUMENT NUMBER: not known
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Hortonse E. Dunlap (Name of Person)
Windsor Falls Condo Assoc. (Name of Firm/Company)
7032 Seer Lodge Circle #105
Jackson Ville, EL 3256 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (704) 674-4685 (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

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Horlense E. Dunlap, hereby resign as Joene tur	ifle)	
windsor falls condominium association, (Name of Corporation)	INC	•
(Document Number, if known) , a corporation organized under the laws of the	: State of	
Horida.		
(Signature of resigning officer/diroctor)	2020 MAR 16 PM 2:2	SECRETARY OF STATE

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