

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JONATHAN JAMES DAMONTE, CHARTERED
Account Number : I20060000006
Phone : (727) 586-2889
Fax Number : (727) 581-0922

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
STATE
TALLAHASSEE, FLORIDA
M OF MADEIRA RESORT CONDOMINIM ASSOCIATION, INC.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm of Madeira Resort Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N05000011980

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN JAMES DAMONTE

(Name of Person)

JONATHAN JAMES DAMONTE, CHARTERED

(Name of Firm/Company)

12110 Seminole Blvd.

(Address)

Largo, FL 33778

(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan James Damonte

(Name of Person)

at (727) 586-2889

(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

Mailing Address:

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

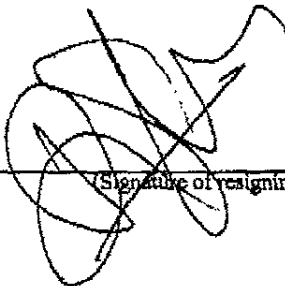
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DAVID STARUCH, hereby resign as President/Director
(Title)

of Palm of Madeira Resort Condominium Association, Inc.
(Name of Corporation)

N05000011980, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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

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