## NDUDDDD

(Requestor's Name) (Address) (Address)	700186381827		
(City/State/Zip/Phone #)	े.		
(Business Entity Name)	10/12/1001023015 **35		
(Document Number) Certified Copies Certificates of Status	· · · · · · · · · · · · · · · · · · ·		
Special Instructions to Filing Officer:	10 OCT 12 PH 3: 21		
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1023--015 \*\*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: TROPICAL V	ILLAS AT FOREST HILL CONDOMINIUM ASSOCIATI
	(Name of Corporation)
DOCUMENT NUMBER:_	N0600000820
	1

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

Please return all correspondence concerning this matter to the following:

David Gaminara

(Name of Person)

諭

(Name of Firm/Company)

PO Box 19982

(Address)

West Palm Beach, FL 33416

(City/State and Zip|Code)

For further information concerning this matter, please call:

 David Gaminara
 at (<u>561</u>)
 856-7175

 (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

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

CR2E044(08/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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1 David Gaminara	, hereby resign as President		
1,	, horeby resign as(Title)		-
of_ TROPICAL VILLAS AT	FOREST HILL CONDOMINIUM ASSOCIATION, INC.	,	
	(Name of Corporation)		
N0600000820	, a corporation organized under the laws of the State of		
(Document Number, if know	n) 		
Florida			
	(Signature of resigning officer/director)	10 001	SECRET
Make checks p	FILING FEE IS \$35.00 ayable to Florida Department of State and mail to:	10 OCT 12 PH 3: 21	ASSEE, FLORIDA
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		