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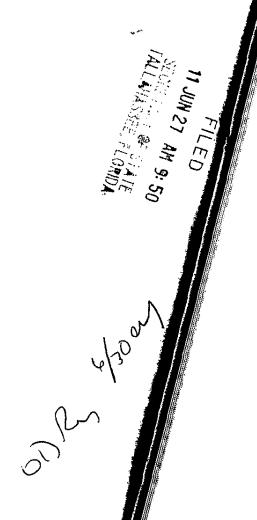
(Requ	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nai	me)
(Docur	nent Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

SUBJECT: Fountains Profession Office Conter Condominium Ossociation, Informe of Corporation) DOCUMENT NUMBER: 000 00000000000000000000000000000000		
DOCUMENT NUMBER:		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jason Howe (Name of Person)		
Fountains & Professional Office Center Condominium assoc. In		
501 NE 11th AVE		
Fort Lauderdale, FL33301 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Person) at (954) 240 350 (Area Code & Daytime Telephone Number)		

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

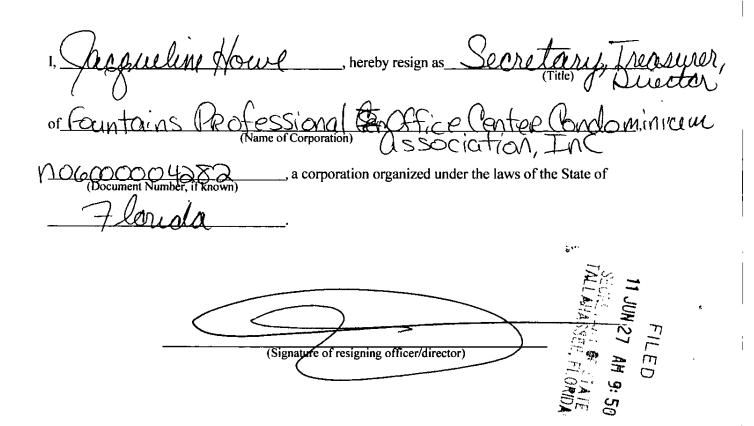
Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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