## N0600005429

(Requestor's Name)				
(Address)				
(Address)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT . MAIL				
(Business Entity Name)				
(Document Number)				
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

THE MEADOWS OF FT PIERCE HOMEOWNERS ASSOCIATION				
(Name of Corporation)				
DOCUMENT NUMBER: N06000005429				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
KAY CALIENDO				
(Name of Person)				
C/O ALLERAND CAPITAL, LLC				
(Name of Firm/Company)				
675 W INDIANTOWN RD; STE 103				
(Address)				
JUPITER, FL 33458				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
KAY CALIENDO at (561 ) 427-6776				
(Name of Person) (Area Code & Daytime Telephone Number)				

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. PUCHHED J. SHORE	ELLA , hereby resign as OFFICE	THE (Title)
of THE MEADOWS OF	FORT PIERCE HOMEOWNE e of Corporation)	EIZ'S ASSOCIATON, FA
(Document Number, if known)  FLORIDA	, a corporation organized under the laws o	of the State of
X	(Signature of Resigning officer director)	FALSON 30 SECRETARIASSES

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314