

ND6000006704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

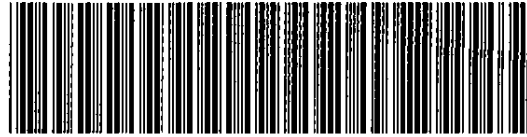
(Business Entity Name)

(Document Number)

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*Dr/LW Respo*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*9-30-11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Old Town Villages Condominium Association, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000006704

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Jerry Jacquot

(Name of Person)

Old Town Villages Condominium Association, Inc

(Name of Firm/Company)

7645 Gate Parkway, Suite 202

(Address)

Jacksonville, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda J. Pritchard

(Name of Person)

at ( 904 ) 641-1232

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

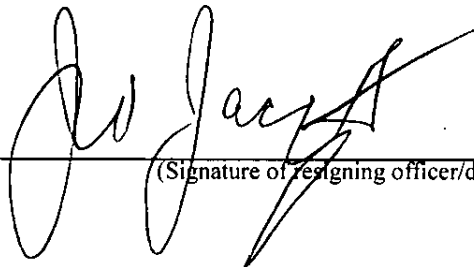
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, J. W. Jacquot, hereby resign as Director  
(Title)

of Old Town Villages Condominium Association, Inc.  
(Name of Corporation)

N06000006704, 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