## · Moodo 7014

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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## TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations** 

MEADOW POINTE CONDOMINIUM ASSOCIATION OF BREVARD COUNTY, INC. **SUBJECT:** (Name of Corporation) DOCUMENT NUMBER: N06000007014

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

Please return all correspondence concerning this matter to the following:

FABIOLA SANTIAGO

(Name of Person)

PRINCE CPA GROUP

(Name of Firm/Company)

9161 NARCOOSSEE RD. STE 202

(Address)

ORLANDO, FL 32827

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIOLA SANTIAGO at (407) 823-8230 (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

, LINDA SWAIN	, hereby resign as DIRECTOR
	(Title)
of MEADOW POINTE CONDOMINIUM	ASSOCIATION OF BREVARD COUNTY, INC.
(Name of Corp	oration)
N06000007014	rporation 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