

9/12

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H120002014603ABCQ

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MBLAW
Account Number : I20060000180
Phone : (352) 240-3218
Fax Number : (352) 240-3219

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: heather@srb servicing.comCOR AMND/RESTATE/CORRECT OR O/D RESIGN
HAWTHORNE RESERVE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2012 AUG -9 AM 8:04
TO AGENCY OF FILING
SUFFICIENCY OF FILING2012 AUG -9 AM 10:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-10-12

(((H12000201460 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAWTHORNE RESERVE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N06000007197

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

Please return all correspondence concerning this matter to the following:

Kimberly Bosshardt

(Name of Person)

Moulton Bosshardt, LLC

(Name of Firm/Company)

5532 NW 43rd Street

(Address)

Gainesville, FL 32653

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Bosshardt

(Name of Person)

at (352) 240-3218

(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

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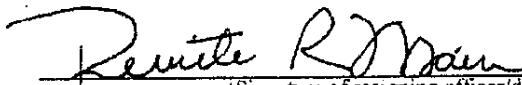
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RENITA MAIN, hereby resign as DIRECTOR
(Title)

of HAWTHORNE RESERVE CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

N06000007197, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2012 AUG -9 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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