

NO6 0000009353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

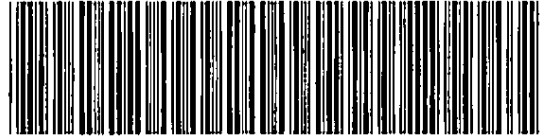
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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old Resignation

MAR 08 2023

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Foxwood Center Condominium Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N06000009353

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

Lisa Karaa a/k/a Lisa Salloum

(Name of Person)

(Name of Firm/Company)

905 Park Avenue, Suite 102

(Address)

Orange Park, FL 32073

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Karaa a/k/a Lisa Salloum

(Name of Person)

at (904) 538-0021
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Hadi Karaa, hereby resign as Director
(Title)

of Foxwood Center Condominium Association, Inc.
(Name of Corporation)

N06000009353, 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

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TALLAHASSEE, FL