

no70000004232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

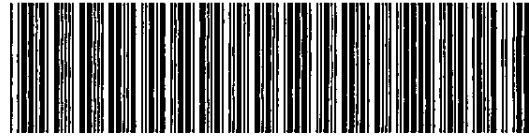
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TALLAHASSEE, FLORIDA

RECEIVED
MAR 26 2012

MAR 28 2012
T. LEMIEUX

02

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAMACH GABLES SQUARE OFFICE CONDOMINIUM ASSOCIATION
(Name of Corporation)

DOCUMENT NUMBER: N07000004232

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

Please return all correspondence concerning this matter to the following:

OSCAR VEGA

(Name of Person)

TAMACH GABLES SQUARE OFFICE CONDOMINIUM

(Name of Firm/Company)

13615 S DIXIE HWY 114-513

(Address)

MIAMI, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

OSCAR VEGA

(Name of Person)

at (305) 232-2284

(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

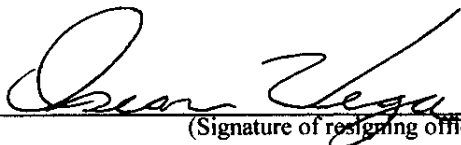
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, OSCAR VEGA, hereby resign as PRESIDENT
(Title)

of TAMACH GABLES SQUARE OFFICE CONDOMINIUM ASSOCIATION, INC,
(Name of Corporation)

N07000004232, 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

12 MAR 26 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANTONIO AMADOR, hereby resign as VICE PRESIDENT
(Title)

of TAMACH GABLES SQUARE OFFICE CONDOMINIUM ASSOCIATION, INC,
(Name of Corporation)

N07000004232, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

It is \$35.00 per
resignation.

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

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIA SANTOS, hereby resign as DIRECTOR
(Title)

of TAMACH GABLES SQUARE OFFICE CONDOMINIUM ASSOCIATION, INC,
(Name of Corporation)

N07000004232, 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