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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Great Oaks of Ozona Homeowner	s Association, Inc.	
SUBJECT:		
	(Name of Corporation)	
DOCUMENT NUMBER:		
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing	
Please return all correspondence concern Kathleen sineno	ing this matter to the following:	
(Name of Person)		
Great Oaks of Ozona Homeowners Association,	inc	
(Name of Firm/Compan	<u>y)</u>	
276 Orange Street		
(Address)		
Palm harbor, fl 34683		
(City/State and Zip Cod	<u>e)</u>	
For further information concerning this r	natter, please call:	
Kathleen sineno	727 4238408	
	at ()(Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made pay	rable to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Steve Colbran	President
l.,	, hereby resign as
	(Title)
Great Oaks of Ozona Homeowner	rs Association, INc.
of`	
	(Name of Corporation)
N07000007879	
(Document Number, if known) Florida	, a corporation organized under the faws of the State of
	->

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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