N08223

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



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07/11/13--01012--032 **35.00



C. LEYYIS

JUL 1 5 2013

EXAMINER

TRANSMITTAL LETTER

Division of Corporations Christina Oaks Homeowners Association, Inc. (Name of Corporation) DOCUMENT NUMBER: NO8223 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathy Alldredge (Name of Person) Garrison Property Services, LLC (Name of Firm/Company) P.O. Box 510 (Address) Dundee, FL 33838 (City/State and Zip Code) For further information concerning this matter, please call: Kathy Alldredge (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

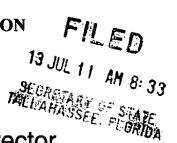
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



	AMASSEF STATE
_{I.} Mike Reeves	hereby resign as Director
	(Title)
	omeowners Association, Inc.
	Name of Corporation)
N08223	, 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