## N0865

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2008 MAY 15 PM 3: 39

officer Resignation
TB 5-21-08

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: The Lofts of                      | Palm Garden Homenmers Association, Inc<br>(Name of Corporation)  |
|--|--|
|  |  |
| DOCUMENT NUMBER: \ O                       | 8654   |
| The enclosed Officer/Director Resign       | ation for a Corporation and fee are submitted for filing.  |
| Please return all correspondence conc      | erning this matter to the following:   |
| Jane Qui                                   | 1n   |
| (Name of Person                            | 1)   |
|  |  |
| (Name of Firm/Com                          | pany)  |
| <u>4874 5w</u> (Address)                   | 64 Way   |
| City/State and Zip                         |  |
| For further information concerning th      |  |
| (Name of Person)                           | at () (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for \$35.00 made       | payable to the Florida Department of State.  |
| Amendment Section Division of Corporations | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I, | Jane Quinn                         |                         | , hereby resign as Preside |                        | at   Director (Title) |      |
|----|------------------------------------|-------------------------|----------------------------|------------------------|-----------------------|------|
| of | The Lofts                          | of Palm<br>(Name of Cor | Gaden<br>poration)         | Honeowners             | Association, I        | 'nc. |
|    | N 08654<br>(Document Number, if kn | , a c                   |                            | ganized under the laws | of the State of       |      |
|    | florida (                          | non profit              | t) as                      | of 05/07/08.           |                       |      |

(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