## N1000000884/

(Re	questor's Name)				
(Add	dress)	- · ·			
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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Dff Resign

JUL 13 2017

T. LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: The Ocean Paradise Condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: N 1 0000008841
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
The Ocean Paradise (onderning Association, Inc. (Name of Firm/Company)
956 Surf Lane (Address)
Vero Beach, Florida 32963 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (7)2 532-3418 (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 12 JUL 13 AM 10: 44

SERVE TARY OF STATE
TALLAHASSEE ISLUMBA

i, Ryan Sca	Γρα	, hereby resign a	$s(\Delta)$ $\lambda_{i} \sim c$ (Title	tor
of The Ocean	Paradise (Name of C	Condominium Corporation)	Association	., Inc.
N 1000000 884 (Document Number,		a corporation organized (	under the laws of the S	State of
Florida	·			
		P \$		

## 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