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MAR 1 2 2015 T. CARTER

## TRANSMITTAL LETTER

SUBJECT: NEW PORT SQUARE CONDUMINIUM ASSOCIATION, TNC (Name of Corporation)
DOCUMENT NUMBER: N 10412
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUHN D. MAG-UIRE (Name of Person)
NEWPORT SQUARE CONDOMINIUM ASSOCIATION, INC. (Name of Firm/Company)
3579 5- ACCESS AD SUITE E (Address)
ENCLEWOOD, FL. 34224 (City/State and Zip Code)
For further information concerning this matter, please call:
Askin Magueree at (941) 475-6901 (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

Amendment Section Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAR - 9 PM 2: 27

- 2,

I, JOHN D. MAGUIRE	, hereby resign as TREASURER
	(Title)
of NEW PORT SWUARE do	CONDOMINIUM ASSOCIATION, TNd., Corporation)
(Document Number, if known)	a corporation organized under the laws of the State of
FL.	
John 39 (Signa	Massur Ce ature 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