

Florida Department of State

Division of Corporations Public Access System

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(((H060001442303)))

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : BLACK DIAMOND Account Number : I20050000111 Phone : (352)746-4000 Fax Number : (352)746-7418

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MEADOWCREST OFFICE CONDOMINIUM II ASSOCIATION, INC

Certificate of Status

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5/26/2006

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TO:

Amendment Section Division of Corporations

COVER LETTER

SUBJECT: Meadowcrest Office Condon	
(Name of Corporation)
DOCUMENT NUMBER: N11089	
The enclosed Officer/Director Resignation for	or a Corporation and fee are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
Marina C. Taylor	
(Name of Person)	
Black Diamond	,
(Name of Firm/Company)	
PO Box 10,000	
(Address)	
Crystal River, FL 34423	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Marina Taylor	at (352) 746-4000
(Name of Person)	(Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Marina C. Taylor	, hereby resign as	irector/President	
	, noted y losigh us	(Title)	
of Meadowcrest Office	Condominium II Association, Inc.		
<u> </u>	(Name of Corporation)		
N11089 (Document Number, if kn	, a corporation organized under th	e laws of the State of	
Florida	·		
1 1	3	•	
1 /i	MUITI Line 1		

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

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SECRETARY OF STATE