

N120000 11232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

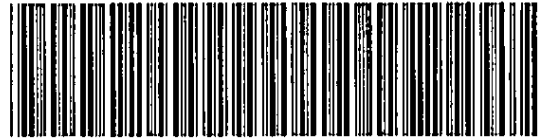
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400358812634

03/01/21--01027--010 4455.00

MAR 22 2021

S. YOUNG

2021 FEB -1 PM 6:29

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

Keystone Palms Homeowners Association

SUBJECT: _____
(Name of Corporation)

N12000011232

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristin Lister

(Name of Person)

(Name of Firm/Company)

180 Keystone Palms Blvd

(Address)

Tarpon Springs, FL 34688

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristin Lister

727

692-8902

(Name of Person)

at (_____)

(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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

Kristin Lister

President/Treasurer/Registered Agent

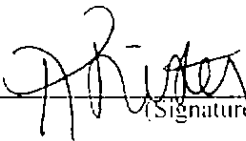
I, _____, hereby resign as _____
(Title)

Keystone Palms Homeowners Association

of _____
(Name of Corporation)

N12000011232

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

2021 FEB - 1 PM 6:29

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