## 1113890

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer.		
,		

Office Use Only



600293937296

12/23/16--01009--026 \*\*157.50

17 JAN 17 PH W 11

DIDAG.

JAN 18 2017

R. WHITE

## TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

SUBJECT: Pinewood Villas Homeowners A	(SSOC	ation of Winter Park, Inc.
(Name o	f Corpo	ration)
DOCUMENT NUMBER: N13890		
The enclosed Officer/Director Resignation for a Con	poratio	n and fee are submitted for filing
Please return all correspondence concerning this ma	tter to t	he following:
Ann Harper		
(Name of Person)		•
Pinewood Villas Homeowners Association of Winter P	ark, Inc	
(Name of Firm/Company)		_
511 E. Livingston St.		
(Address)		-
Orlando, FL 32803		
(City/State and Zip Code)		_
For further information concerning this matter, please	se call:	•
Ann Harper	07	872-0560
(Name of Person) (A	rea Coo	le & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the	Florida	Department of State.

Malling Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

լ Ann Harper	, hereby rosign as Treasurer	
	(Title)	
Pinewood Villas Homeowners Association of Winter Park, Inc.		
(Name of	Corporation)	
N13890 (Document Number, If known)	, a corporation organized under the laws of the State of	
Florida	•	

(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