N14259

(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
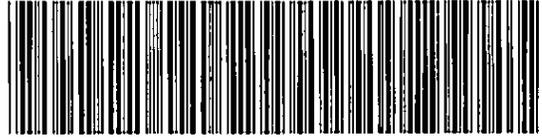
07/01/20--01021---003　　**35.00

S TALIEN

AUG 17 2020

2020 JUL -1 PM 5: 22

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOODBOUNDLAKES HOMEOWNERS ASSOCIATION, INC
_____
(Name of Corporation)

DOCUMENT NUMBER: N14259
_____

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

Please return all correspondence concerning this matter to the following:

Joanne Lynch
_____
(Name of Person)

Woodbound Lakes Homeowners Association, Inc
_____
(Name of Firm/Company)

PO Box 530293
_____
(Address)

DeBary, FL 32753
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Lynch   386   742-6612   _386 801 0908_
_____ at (_____)_____
(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: **Street Address:**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                         Tallahassee, FL 32303

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _Anita Aust_ , hereby resign as _President_

(Title)

of _Woodbound Lakes Homeowners Association, Inc._ .

(Name of Corporation)

_N14259_ , a corporation organized under the laws of the State of

(Document Number, if known)

Florida .

_____
(Signature of resigning officer/director)

2020 JUL -1 PH 5: 22

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