M500003407

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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SECKETANT OF STATE
TALLAHASSEE, FLORID

JUN 0 7 2017 S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VISTA WOOD HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)
DOCUMENT NUMBER: N15000003407
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FABIOLA SANTIAGO
(Name of Person)
PRINCE CPA GROUP
(Name of Firm/Company)
9161 NARCOOSSEE RD. STE 202
(Address)
ORLANDO, FL 32827
(City/State and Zip Code)
For further information concerning this matter, please call:
FABIOLA SANTIAGO at (407)823-8230
(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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} LINDA SWAIN	hereby resign as VP
	(Title)
of VISTA WOOD HOM	EOWNERS ASSOCIATION, INC.
	of Corporation)
N15000003407 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	
	<u>.</u>

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

17 JUN -5 PH 4: 08
SECRETARY OF STATE
SECRETARY OF STATE