

N15000005661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

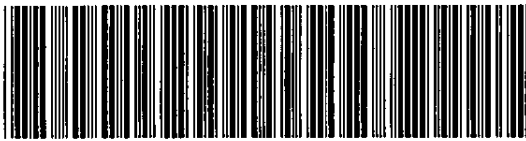
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AD/RES*

OCT 20 2015  
ALBRITTON

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE SHOPPES OF ST JOHNS OAKS CONDOMINIUM OWNER'S ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N15000005661

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

Please return all correspondence concerning this matter to the following:

**Byron Peacock**

(Name of Person)

(Name of Firm/Company)

**12058 San Jose Blvd., Suite 604**

(Address)

**Jacksonville, FL 32223**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Byron Peacock**

(Name of Person)

at **904 307-5809**

(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, Byron Peacock, hereby resign as President, Treasurer  
(Title)

of THE SHOPPES OF ST JOHNS OAKS CONDOMINIUM OWNER'S ASSOCIATION, INC.  
(Name of Corporation)

N15000005661, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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