

N15000005661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

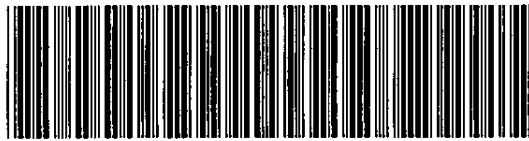
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 20 2015
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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

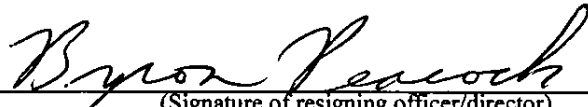
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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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TALLAHASSEE, FLORIDA