N17000 001 345

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 409.1 OCEAN CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>N17000001345</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samuel A. Block (Name of Person)
Block & Scarpa (Name of Firm/Company)
1915 Indian River Blud Soite A-220
Vero Beach FZ 32960 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (772) 794-1918 (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

ı. <u>Samuel A. Block</u>	, hereby resign as	ecretury (Tille)
of <i>4091 OCEAN CON</i> (Name	OOMINIUM ASS	OCIATIÓN, IN
N1 70000) 1345 (Document Number, if known)	, a corporation organized under	the laws of the State of
Florida	<u></u> .	
Same	O A Block Signature of resigning officer/director)	
	FILING FEE IS \$35.00	FILE 2019 NOV 12 SECRLIARY TALLAHASSE

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mall to: