N170000 11828

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TRANSMITTAL LETTER -

DOLPHIN COVE OF ST. JOHNS OWNERS ASSOCIATION, INC. **SUBJECT:** (Name of Corporation) DOCUMENT NUMBER: N17000011828 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wasim Munavver (Name of Person) DOLPHIN COVE OF ST. JOHNS OWNERS ASSOCIATION, INC. (Name of Firm/Company) 210 Sailfish Drive (Address) Ponte Vedra Beach, FL, 32082 (City/State and Zip Code) For further information concerning this matter, please call: Wasim Munayyer (Name of Person) 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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Britney Barrow | Treasurer , hereby resign as | |
|---|---|----------------|
| ** | Title) | |
| DOLPHIN COVE OF ST. JOHN | NS OWNERS ASSOCIATION, INC. | , |
| | (Name of Corporation) | |
| N17000011828 (Document Number, if know | n) a corporation organized under the laws o | f the State of |
| Florida | · | 2022 SEF |
| | | · |
| _3 | (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