

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HARBOR PALMS HOMEOWNERS ASSOCIATION, INC.**

Certificate of Status	0
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Corporate Filing Menu

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V. SULKEP
APR 12 2021



April 7, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARBOR PALMS HOMEOWNERS ASSOCIATION, INC.

604 SEASIDE DRIVE

TARPON SPRINGS, FL 34689

SUBJECT: HARBOR PALMS HOMEOWNERS ASSOCIATION, INC.

REF: N19000004660

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Resigning director's name is not correct. The correct name is LORNA AARONnot LORAN AARON.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H21000136955
Letter Number: 421A00007205

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor Palms Homeowners Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N000004660

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

Please return all correspondence concerning this matter to the following:

Norman W. Nash, Esq.

(Name of Person)

DSK Law

(Name of Firm/Company)

9296 Westlarks Terrace

(Address)

Seminole, FL 33777

(City/State and Zip Code)

For further information concerning this matter, please call:

Norman W. Nash, Esq.

(Name of Person)

at (

407

) 992.3673

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lorna Aaron, hereby resign as Director
(Title)

of Harbor Palms Homeowners Association, Inc.
(Name of Corporation)

N19000004660
(Document Number, if known), a corporation organized under the laws of the State of
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

DEPT OF STATE
TALLAHASSEE, FL

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