

N 190000008862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

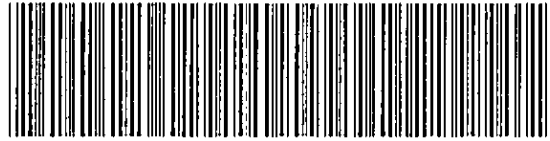
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/29/20--01019--011 **35.00

RECEIVED
JUL 29 2020
10:00 AM

2020 JUL 29 PM 2:36

2020 JUL 29 AM 9:06

RECEIVED
JUL 29 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SEASONS AT FOREST GATE

HOMEOWNERS ASSOCIATION INC

Signature

Requested by: SETH

07/29/20

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

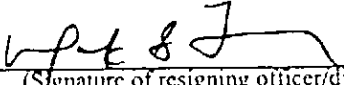
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2013 11 29 AM 9:06

I, MARK G. TURNER, hereby resign as Director
(Title)

of SEASONS AT FOREST GATE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

N19000008862, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)
Mark G. Turner

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