N 19497

(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:
Special mondensity to 1 ming Smean.

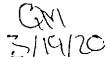
Office Use Only



300341193443

03/08/29--01097--004 **35.00

CAMILLA CORPORATION



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Predmont Lax	(Name of Corporation) POPKA FL. 3270
DOCUMENT NUMBER:	
The enclosed Officer/Director Resignation for	or a Corporation and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Mike Marshall (Name of Person)	
Specialty Mgt. (Name of Firm/Company)	
1000 Pine Holl (Address)	YON CT.
ALTamonte Sp (City/State and Zip Code)	795. FL 32714
For further information concerning this matt	er, please call:
Mike Marshall (Name of Person)	at (<u>407</u>) <u>647-2622</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	e to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,∈	Brendin K. Elinginst hereby resign as President (Title)	_
of_	PIEDMONT LAKES HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)	
	(Document Number, if known) A corporation organized under the laws of the State of Algreda.	
	Signature of resigning officer/director) Regular Company (Signature of resigning officer/director)	SECRETARY OF STATE BYISTON OF CORPUSATION

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