

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSET FLORIE

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Beneva-Clark Plaza Condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: N20595
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Dane P. DeRuiz
(Name of Person)
(Name of Firm/Company)
PO Box 2618
(Address)
Sarasota FL 34230
(City/State and Zip Code)
For further information concerning this matter, please call:
Joni Weist at (941) 232-3339 (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> Dane P. DeRuiz	, hereby resign as President/Director (Title)
01	a Condominium Association, Inc.
N20595 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	15 DEC SECRE TALLAH
<i>L</i>	(Signature of tes/gning officer/director)  AH 6: 4

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