

N26178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

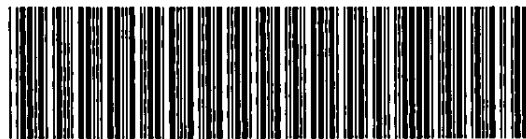
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/13--01014--016 **35.00

13 OCT -9 AM 11:31

FILED

ODR 10/17/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orchid Bay Property Owners Assn, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N26178

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

Please return all correspondence concerning this matter to the following:

Rhonda Leonard

(Name of Person)

Orchid Bay POA

(Name of Firm/Company)

PO Box #705

(Address)

Palm City, FL 34991

(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Leonard

(Name of Person)

at (**772**) **463-1793**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jan Funsten, hereby resign as President
(Title)

of Orchid Bay POA, Inc
(Name of Corporation)

N26178, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

FILED
15 OCT -9 AM 11:31

Please see attached email
(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