

N33040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hillview Park Medical Complex Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N33040

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

Please return all correspondence concerning this matter to the following:

**Amy Windmiller**

(Name of Person)

**Roetzel & Andress, LPA**

(Name of Firm/Company)

**420 S. Orange Avenue, 7th Floor**

(Address)

**Orlando, Florida 32801**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Amy Windmiller**

(Name of Person)

at ( **407** ) **245-2457**

(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

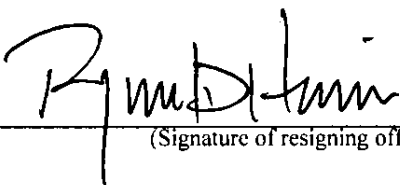
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Raymond D. Harrison, hereby resign as Director  
(Title)

of Hillview Park Medical Complex Condominium Association, Inc.  
(Name of Corporation)

N33040, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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DIVISION OF CORPORATIONS  
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