

N41928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

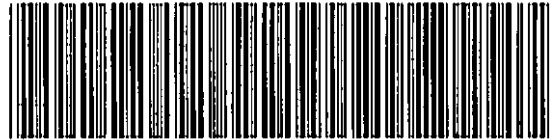
(Business Entity Name)

(Document Number)

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STATE OF TEXAS
TALLAHASSEE, FL

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORWICH D Condominium ASSN.
(Name of Corporation)

DOCUMENT NUMBER: N41928

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

Please return all correspondence concerning this matter to the following:

John Siscaretti
(Name of Person)

NORWICH D CONDOMINIUM ASSN.
(Name of Firm/Company)

86 NORWICH D
(Address)

WEST PALM BEACH, FL 33417
(City/State and Zip Code)

For further information concerning this matter, please call:

John Siscaretti at (817) 553 9877
(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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED

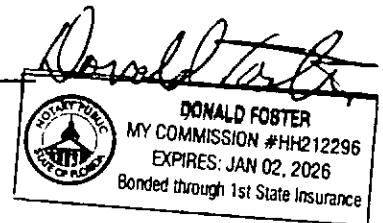
2022 SEP -1 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, John Siscaretti, hereby resign as Vice President
(Title)
NORWICH D CONDOMINIUM ASSOCIATION INCORPORATION,
of NORWICH D CONDOMINIUM ASSOCIATION
(Name of Corporation)
N 41928, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

[Signature]
(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