## N93000004042

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· <del>I</del> n
(Oit	y/Otate/Zip/r none	<i>π)</i>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
	cument Number)	
(50	comencinal neers	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
•	3	





300355573513

11/24/20--01092--007 \*\*85.00

 $\mathcal{Y}_{(1)}^{(i)}$ 

2020 NOV 24 PH 3: 23

## TRANSMITTAL LETTER

	(Name of Corporation)		
DOCUMENT NUMBER: N9300000404	12		
The enclosed Officer/Director Resignat	tion for a Corporation and fee are submitted for filin		
Please return all correspondence concer	rning this matter to the following:		
Tom Wall			
(Name of Person)			
GREATER GROVES HOMEOWNERS ASSO	OCIATION, INC.		
(Name of Firm/Compa	iny)		
ISTOTICHEATER GROVES BLVD - PO	Box 125083		
(Address)			
CLERMONT, FL 34714			
(City/State and Zip Co	ode)		
For further information concerning this	matter, please call:		
Tom Wall	at (407 )625-5765 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Douting Talanhana Number)		

Street Address:

Amendment Section

**Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

**TO:** Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Denise LaPierre I,	hereby resign	Treasurer, hereby resign as	
**	,g	(Title)	
GREATER GROVES HOMEOW	NERS ASSOCIATION, INC.		
	(Name of Corporation)	<del></del>	
N93000004042	, a corporation organized	under the laws of the State of	
(Document Number, if known	)		
Florida			
	·		
`	a		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314