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MAY 11 2015

R. WHILE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: OCALA PALMS RESIDENTS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: NOONOHIG5
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard C BRAUN (Name of Person)
OCALA PAWAS ResideNIS ASSOCIATION INC. (Name of Firm/Company)
1830 NJ 56 Cell
OCMLA FL 34482 (City/State and Zip Code)
For further information concerning this matter, please call:
Bre 11 SHINN at (352) 433 · 6684 (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, BRe 11 SHINN, hereby resign as 10 (Title)
of OCALA PALMS RESIDENTS ASSOCIATION, INC. (Name of Corporation)
(Document Number, if known) (Document Number, if known)
FLORIDA
$A \sim 1$
3/31/15
(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