N96CCCOC3362

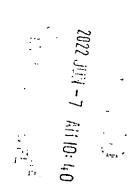
(Requ	estor's Name)
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	ime)
(Госи	ment Number	
(2000)	ment number	,
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

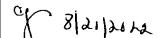




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TRANSMITTAL LETTER

Division of Corporations Masterpiece Park Homeowners Association, Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N96000002362 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tina Bridges (Name of Person) Masterpiece Park Homeowneers Association, Inc. (Name of Firm/Company) 3201 Emanuel Drive (Address) Lake Wales, Florida 33898 (City/State and Zip Code) For further information concerning this matter, please call: Tina Bridges (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2022 JUH - 7 AH 10: 40

I,	, hereby resign as(Title)		
		(Title)	
Masterpiece Park Homeowners Associa	tion,Inc		
(Nan	ne of Corporation)		
N96000002362	, a corporation organized under the	laws of the State of	
(Document Number, if known)	a corporation organized under the	iavio di ale state di	
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