

N97000001857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

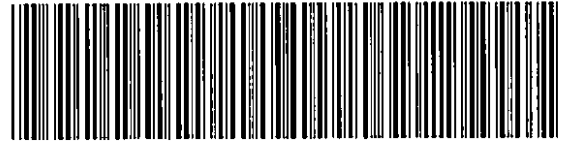
(Business Entity Name)

(Document Number)

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02/07/23--01018--019 **35.00

2022 FEB -7 PM 3:21

APR 13 2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N97000001857

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

Please return all correspondence concerning this matter to the following:

ROBERT B. SLOAD
(Name of Person)

(Name of Firm/Company)

171 TRAMORE PLACE
(Address)

MELBOURNE BEACH, FL 32951
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT B. SLOAD at (610) 721-5006
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2022 FEB -7 PM 3:21

I, ROBERT B. SLOAD, hereby resign as PRESIDENT
(Title)

of VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

N97000001857, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Robert B. Sload
(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