N98000004063

(Re	questor's Name)	
(Address)		
. (Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		;
!		

Office Use Only



700287434027

07/14/16--01039--010 **35.00

TATION OF PARTY OF THE PARTY OF PARTY OF PARTY OF THE PAR

010 Risignation

JUL 1 3 2016

D CUSHING

TRANSMITTAL LETTER

Amendment Section Division of Corporations TO:

SUBJECT: (Name of Corpor			
DOCUMENT NUMBER: N9800004063	ation)	_	
The enclosed Officer/Director Resignation for a Corporation	n and fee are submitted for f	iling.	
Please return all correspondence concerning this matter to the	ne following:		
ANDREE GREENE			
(Name of Person)	•		
COMMUNITY ASSOCIATION ADMINISTRATORS, INC.			
(Name of Firm/Company)	-		
600 SW 4TH AVENUE			
(Address)	• •		
FORT LAUDERDALE, FL 33315		16 SE	
(City/State and Zip Code)	•	16 JUL -6 SECRETAR LLAHASS	***
For further information concerning this matter, please call:		SSA NATI	
	,524-9411	32	-
(Name of Person) (Area Cod	e & Daytime Telephone Numb	per) :	(**
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, SCOTT M FREEMAN	, hereby resign as TREASURER	
	(Title)	
of EASTLAND COVE HOM	MEOWNERS ASSOCIATION INC	
(Name of Co	rporation)	
N98000004063 (Document Number, if known)	corporation organized under the laws of the State of	
FLORIDA		
*		
(Signat	U Sure of resigning officer/director)	
	T M Freeman ALER T	
FILIT	NG FEE IS \$35.00	

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

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