

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : JONATHAN JAMES DAMONTE, CHARTERED

Account Number : 120060000006 Phone

: (727)586-2889

Fax Number

: (727)581-0922

COR AMND/RESTATE/CORRECT OR O/D RESIGN

PALM OF MADEIRA RESORT CONDO, INC.

Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$35.00

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· COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PALM OF MADEIRA RESORT CONDO, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000142556
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JONATHAN JAMES DAMONTE
(Name of Person)
JONATHAN JAMES DAMONTE, CHARTERED
(Name of Firm/Company)
12110 Seminole Blvd. (Address)
Largo, FL 33778
(City/State and Zip Code)
For further information concerning this matter, please call:
Jonathan James Damonte at (727) 586-2889 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID STARUCH	, hereby resign as President, Secretary, Treesurer
	(Title) & Director
of PALM OF MADEIRA RESORT	CONDO, INC.
(Ne	me of Corporation)
P05000142556	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	·•

DAVID STABLES 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