## P06000108161

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Miramar Fountain	Owners' Association, Inc.
Sobole 1.	(Name of Corporation)
DOCUMENT NUMBER: PO	6000108161
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Alene Ogle	
(Name of Po	erson)
Coastal Bank and Trust of Flo	orida
(Name of Firm/	Company)
23 S. John Sims Parkway	
(Addres	s)
Valparaiso, Florida 32580	
(City/State and	Zip Code)
For further information concerning	g this matter, please call:
Alene Ogle	at ( 850 ) 729-5559
(Name of Person)	at ( 850 ) 729-5559  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Robert M. Agaston, hereby resign as Disperso!
(*****)
of Marining Funtion OWNING Association
(Document Number, if known), a corporation organized under the laws of the State of
Florida
ph MA

## 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