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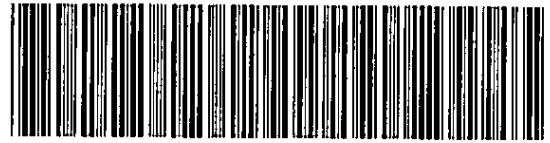
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R. WHITE
APR 29 2020

2020 APR 17 8:19

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jordan E. Adams, hereby resign as Treasurer
(Title)

of Southern Properties Treasure Coast, Inc.
(Name of Corporation)

CQ1002005, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

(Signature of resigning officer/director)

ATTACHED: CERTIFICATE OF DEATH

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

FILED 17 11 8:20

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2019112031

DATE ISSUED: JULY 18, 2019

DECEDENT INFORMATION

DATE FILED: JULY 16, 2019

NAME: JORDAN E ADAMS III

DATE OF DEATH: JULY 10, 2019

SEX: MALE

AGE: 083 YEARS

DATE OF BIRTH: OCTOBER 6, 1935

SSN: ***-**-8194

BIRTHPLACE: ALBEMARLE, NORTH CAROLINA, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 4111 NE CHERI DRIVE

LOCATION OF DEATH: JENSEN BEACH, MARTIN COUNTY, 34957

RESIDENCE: 4111 NE CHERI DRIVE, JENSEN BEACH, FLORIDA 34957, UNITED STATES

COUNTY: MARTIN

OCCUPATION, INDUSTRY: BUSINESS OWNER, PHOTOGRAPHY

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: FAYE B BLAKELEY

FATHER'S/PARENT'S NAME: JORDAN ELDRED ADAMS JR

MOTHER'S/PARENT'S NAME: MILDRED LOUISE BOWEN

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: FAYE B ADAMS

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 4111 NE CHERI DRIVE, JENSEN BEACH, FLORIDA 34957, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: Susan King, F073259

FUNERAL FACILITY: MARTIN FUNERAL HOME & CREMATORY - STUART F039890

981 S KANNER HWY, STUART, FLORIDA 34994

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MARTIN CREMATORY
STUART, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1808

DATE CERTIFIED: JULY 16, 2019

CERTIFIER'S NAME: JOHN C CROUCH

CERTIFIER'S LICENSE NUMBER: OS3802

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §148.07(5), Florida Statutes.



STATE REGISTRAR

REQ: 2020684892

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