

N04000011436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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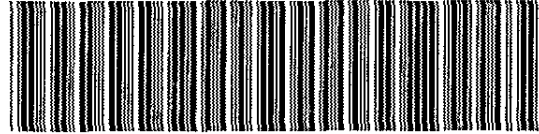
(Business Entity Name)

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ALABAMA, FLORIDA

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KHN
OFFICE SIGN

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LOUIS P. SHASSIAN, hereby resign as D/P
(Title)

of THE SOUTHRIDGE POINTE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

N04000011436, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

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