

NU4000011436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

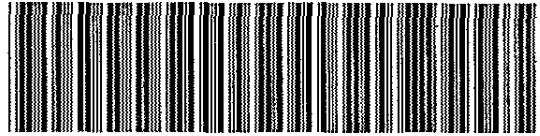
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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OFF RESIGN

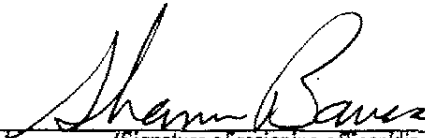
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SHANNON BARROWS, hereby resign as DIS/T  
(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)

**FILED**  
**06 AUG 31 PM 3: 24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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