0600000315

(Requestor's Name)	
(Address)	9001
(Address)	
(City/State/Zip/Phone #)	11/04/0
(Business Entity Name)	•
(Document Number)	:
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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,	Off Resign
	1 1/1/19

Office Use Only



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COVER LETTER

SUBJECT: LAKERIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)
DOCUMENT NUMBER: N06000003158
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JESSE BATTLE IV
(Name of Person)
(Name of Firm/Company)
6936 Mango Ave South
(Address)
Saint Petersburg, FL 33707
(City/State and Zip Code)
For further information concerning this matter, please call:
at (
(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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

2009 NOV -3 AM 8: 00

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, JESSE BATTLE IV	, hereby resign as President and Treasurer
**	(Title)
01	OWNERS ASSOCIATION, INC.
(Name o	f Corporation)
N06000003158 — (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	•
	Battle To gnature 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