728298

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA 2007 JUN 26 PM 2. C

COVER LETTER

Amendment Section Division of Corporations

TO:

\cdot					
SUBJECT: St. LAWRENCE PARK OF NAPLES INC. (Name of Corporation)					
DOCUMENT NUMBER: 128298					
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
HILDA LUGO (VICE PRESIDENT) (Name of Person)					
St. LAWRENCE PARK OF NAPLES INC. (Name of Firm/Company)					
2356 St. LAWRENCE PARK (Address)					
NAPLES FL 34116 (City/State and Zip Code)					
For further information concerning this matter, please call:					
HILDA LuGo (V.P.) at (239) 3482122 (Area Code & Daytime Telephone Number)					
Enclosed is a check for \$35.00 made payable to the Florida Department of State					

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

ZOOT JUN 26 PM 2: 05

TALLAHASSEE, FLORIDA

I, GERARD MC LOUG	HLIN	, hereby resign as	REASURER
,			(Title)
of St. LAWRENCE	PARK	OF NAPLES	, INC.
(N	ame of Corporati	ion)	
(Document Number, if known)	, a corpo	ration organized under	the laws of the State of
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

the sale of my fatters apartment in the above community. I no larger reside in the above community and assume no responsibility for finding someone to fell this position.