770962

(5.				
(Re	equestor's Name)			
(Ac	ldress)			
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
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(Bu	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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COVER LETTER

DIVIS	ion of Corporations				
SUBJECT.	Pain Tree	$TT \wedge +$	Hidden Valley	Homeowners' Assoc	

SUBJECT: Rain Tree II at Hidden Valley Homeowners' Assoc., 2

(Name of Corporation)

DOCUMENT NUMBER: 770962

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deane Johnson

(Name of Firm/Company)

3459 Sedona Loop
(Address)

Tallahassee, FL 32308 (City/State and Zip Code)

For further information concerning this matter, please call:

Deane Johnson at (850) 219-0866 (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 P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION -7 PM 12: 28 FOR A CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, _	Deane Johnson		(Title)	
of_	Rain Tree II at Hidde (Name of Co	n Valley orporation)	Homeowners'	Associati
	700010		er the laws of the State	
	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