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SECRETARY OF STATE ALLAHASSEE, FLORIDA O9 AUG 7 PM 3: 20

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## **COVER LETTER**

	mendment Section Division of Corporations		
SUBJEC	CT: HealthPark Flor	ida East Prop (Name of Co	perty Owners Assoc., Inc.
DOCUM	1ENT NUMBER: N000	00004194	rporunon,
The enclo	osed Officer/Director Resign	nation for a Corpora	ation and fee are submitted for filing.
Please ret	turn all correspondence cond	cerning this matter	to the following:
	Douglas A. Dodson		
	(Name of Perso	n)	<del></del>
	HealthPark Florida		
<del></del>	(Name of Firm/Com	npany)	<u> </u>
	9800 S. HealthPark	Drive, Ste 3	350
	(Address)		<u></u>
]	Ft. Myers, Florida	33908	
	(City/State and Zip		
For furthe	er information concerning th	nis matter, please ca	all:
Coni	nie Hart	239	489-0023 Code & Daytime Telephone Number)
	(Name of Person)	(Area	Code & Daytime Telephone Number)
Enclosed	l is a check for \$35.00 made	payable to the Flor	ida Department of State.
Division Clifton B 2661 Exe	ddress: nent Section of Corporations Building ecutive Center Circle see, FL 32301	Mailing Address: Amendment Section Division of Corpor Post Office Box 63 Tallahassee, FL 32	rations 327

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Fred abbo	, hereby resign as	(Title)	_
of HealthPark Florida Ea (Name of Corporatio	st Property	Dwners Assoc.	, Inc.
(Document Number, if known), a corpora	ation organized under t	he laws of the State of	
Florida.			
Meddy St.			

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