

NO/00000000/52

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

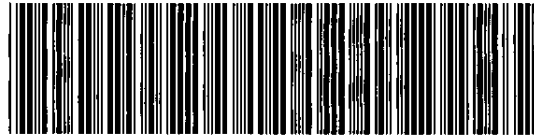
(Business Entity Name)

(Document Number)

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FILED
10 APR -8 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts APR 12 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPE HAZE MARINA VILLAGE PHASE 1 SECTION 2, HO ASSOC INC.
(Name of Corporation)

DOCUMENT NUMBER: NO. 1000000152

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

Please return all correspondence concerning this matter to the following:

NANCY S HUNT
(Name of Person)

N/A
(Name of Firm/Company)

PO Box 5264
(Address)

GROVE CITY, FL 34224
(City/State and Zip Code)

For further information concerning this matter, please call:

NS Hunt at (941) 697-4506
(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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
10 APR -8 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Nancy S Hunt, hereby resign as officer (Title)
of CAPE HAZE MARINA VILLAGE, PHASE ONE, SECTION TWO, HOMEOWNERS' ASSOCIATION, INC.
(Name of Corporation)
NO 1000000152, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

Nancy S. Hunt
(Signature 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