

NO 2949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

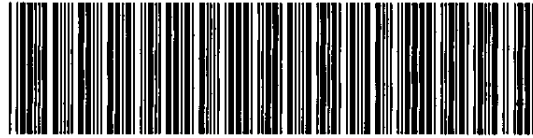
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600105715986

07/13/07--01019--003 **35.00

APPROVED
AND
FILED

07 JUL 13 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulliette
C. Coulliette JUL 17 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stonebridge Villas Homeowners Assoc., Inc.
(Name of Corporation)

DOCUMENT NUMBER: N02949

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

Please return all correspondence concerning this matter to the following:

Pete Murphy
(Name of Person)

Stonebridge Villas Homeowners Assoc. Inc.
(Name of Firm/Company)

2215 Knights Rd.
(Address)

Winter Haven, FL 33800
(City/State and Zip Code)

For further information concerning this matter, please call:

Pete Murphy at (989) 464-1384
(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**

I, Pete Murphy, hereby resign as President
(Title)
of Stonebridge Villas Home Owners Assoc, Inc.
(Name of Corporation)
N 02949, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

07 JUL 13 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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