(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	<u></u>
(City/S	tate/Zip/Phone	<del>; #)</del>
PICK-UP	WAIT	MĄIL
(Busin	ess Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300130716643

06/05/08--01016--001 \*\*35.00

officer Resignation
TB 6/9/08

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PHOENICIAN COV	/E HOMEOWNER'S ASSOCIATION, INC.
	(Name of Corporation)
DOCUMENT NUMBER: No.	3000006268
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
ALEXANDER CHOVOOR	
. (Name of Pe	rson)
(Name of Firm/C	Company)
8385 PHOENICIAN COURT	
(Address	)
DAVIE, FLORIDA 33328	
(City/State and 2	(ip Code)
For further information concerning	g this matter, please call:
MARIE C. CAPITA	at ( 954 ) 449-1713
(Name of Person)	at ( 954 ) 449-1713 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ide payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLARIAN S AN B.S.

<sub>I.</sub> MARIE C. CAPITA	, hereby resign as PRESIDEENT
,	(Title)
of PHOENICIAN COVE HOMEOW	
(Name of 0	Corporation)
N0300006268 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	
	•
16/2	4 ()

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314