

N03000010239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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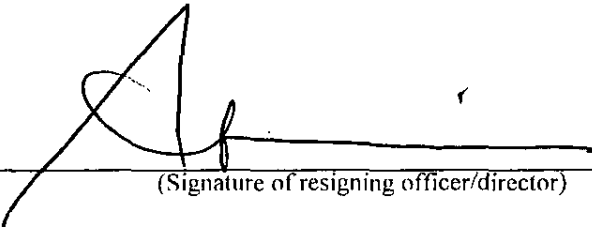
**OFFICER/DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ARTHUR W. TRUFELLI, hereby resign as Director  
(Title)

of CABOT LANE CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

N 03000010239, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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**FILING FEE IS \$35.00**

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Amendment Section  
Division of Corporations  
P.O. Box 6327  
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