N04000009504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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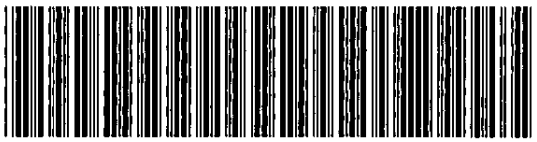

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10/24/07--01019--005 **35.00

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2007 OCT 24 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sail Harbour at Healthpark Homeowners' Sub-Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N04000009504

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

Please return all correspondence concerning this matter to the following:

Michelle L. Sides, Esq.
(Name of Person)

Sail Harbour, LLC
(Name of Firm/Company)

4227 Northlake Boulevard
(Address)

Palm Beach Gardens, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle L. Sides at (561) 626-6121
(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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
2007 OCT 24 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Michael D. Aranda, hereby resign as President
(Title)

of Sail Harbour at Healthpark Homeowners' Sub-Association, Inc.,
(Name of Corporation)

N04000009504, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

(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