N05000012497

(Req	uestor's Name)	
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(Add	ress)	
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(Add	ress)	
(City)	/State/Zip/Phone	e #)
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SECRETARY OF STATE

04/12/07--01026--002 **35.00

COVER LETTER

TO:	Amendment Section Division of Corporations
SUE	BJECT: LaMartin Oaks Homeowners' Association, INC
	(Name of Corporation)
DO	CUMENT NUMBER: N05000012497
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
Do	nald L Wollard Jr
	(Name of Person)
	(Name of Firm/Company)
16	85 Manor Way
	(Address)
De	land, FL 32720
	(City/State and Zip Code)
For	further information concerning this matter, please call:
Dor	(Name of Person) at (386) 9850288 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	losed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divi Clift 2661	Mailing Address: Endment Section Sion of Corporations Ston Building Amendment Section Division of Corporations Fost Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L Donald L Wollard Jr.	, hereby resign as Director				
-7	, 10.00), 10.0g, 10.	Title)			
of_ LaMartin Oaks Homeowners	·				
(Name of Corporation)					
N05000012497 (Document Number, if known)	, a corporation organized under the laws of the	he State of			
(Document Namoer, it known)					
	(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