N0100001503

| (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



200247339562

04/30/13--01024--010 **35.00

FILED
SCORTARY OF STATE
STORED OF COMPESSATIONS
13 INV 18 PH I2: 33

OD/RES/13

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|--|----|
| SUBJECT: Lake Mcleod Pointe Phase 2 Homeowner's Association, Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: N07000001503 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing | ng |
| Please return all correspondence concerning this matter to the following: | |
| | |
| B. Anderson | |
| (Name of Person) | |
| Lake McLeod Pointe LLC | |
| (Name of Firm/Company) | |
| | |
| 1420 S. Florida Ave. | |
| (Address) | |
| Lakeland, FL 33803 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| ror further information concerning this matter, please can. | |
| B. Anderson at (863) 687-8020 | |
| B. Anderson at (863) 687-8020 (Name of Person) (Area Code & Daytime Telephone Number |) |
| | |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. | |
| | |
| Mailing Address: Street Address: | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | |
| P.O. Box 6327 409 E. Gaines Street | |
| Tallahassee, FL 32314 Tallahassee, FL 32399 | |

TO:



May 24, 2013

B. ANDERSON LAKE MCLEOD POINTE LLC 1420 S. FLORIDA AVE LAKELAND, FL 33803

SUBJECT: LAKE MCLEOD POINTE PHASE 2 HOMEOWNER'S

ASSOCIATION, INC.

Ref. Number: N07000001503

We have received your document for LAKE MCLEOD POINTE PHASE 2 HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A form is required to be submitted for each officer resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 013A00013099



May 6, 2013

B. ANDERSON LAKE MCLEOD POINTE LLC 1420 S. FLORIDA AVE. LAKELAND, FL 33803

SUBJECT: LAKE MCLEOD POINTE PHASE 2 HOMEOWNER'S

ASSOCIATION, INC.

Ref. Number: N07000001503

We have received your document for LAKE MCLEOD POINTE PHASE 2 HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as officer/director for a corporation is \$35 per person resigning.

There is a balance due of \$70.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 613A00010941

Irene Albritton Regulatory Specialist II

www.sunbiz.org

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Paul Sean Harper | , hereby resign as | Dir./Pres. |
|----|--|------------------------------|----------------------------|
| | | | (Title) |
| | | | |
| of | LAKE MCLEOD POINTE | HOMEOWNER'S ASSOCIA | ATION, INC. |
| | | of Corporation) | |
| | | | |
| | N07000001503 | a corporation organized unde | r the laws of the State of |
| | (Document Number, if known) | | |
| | EL OPIDA | | |
| | FLORIDA | · | |
| | | | |
| | 1 | , | |
| | \ | | |
| | \ \ \ | | |
| | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | | |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Paul Sean Harper - Dir./Pres.

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 13 IIII 18 PM 12: 38