

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiliess Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Resignation of Director (Name of Corporation) |
| DOCUMENT NUMBER: N12000011036 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Marnie Matarese |
| (Name of Person) |
| |
| (Name of Firm/Company) |
| 7129 Westmoreland Drive |
| (Address) |
| Sarasota, Florida 34243 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Marnie Matarese (Name of Person) at (941)809-8099 (Area Code & Daytime Telephone Number) |
| (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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Marnie Matarese | hereby resign as Director |
|---------------------|--|
| Burne Court Nicabbe | (Title) |
| | orhood Association, Inc. |
| N12000011036 | a corporation organized under the laws of the State of |
| Florida | |
| Manne (S) | Matarian File 20 PM 1: |

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