•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bı	ısiness Entity Nar	me)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: North Captiva Dunes Homeowners' Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: N13953
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jane Henderson (Name of Person)
(Name of Firm/Company)
P.O. Box 2331 (Address)
Pineland, 12 33945 (City/State and Zip Code)
For further information concerning this matter, please call:
Jane Henderson at (239) 472-5689 (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

2908 AUG 28 PM 2: 48

I, _	Jane Henderson	SECRETARY OF STATE TALLAHASSEE.FLORID; (Title)
of_	North Captiva	Dunes Homeowners' Association, Irc.
	N 13953 (Document Number, if known)	, a corporation organized under the laws of the State of
	Florida	······································

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314