

Stewart & Associates

G.O. Box 100099

FL - Lauderdale, FL 33310
City/State/Zip Phone #

Phone #

0099

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Florida Community Police (Corporation Name) 4 (Document #)

(Document #)

2. Assistance Corp.
(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Certificate of Status

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

500002085705--3
-02/12/97--01106--002
*****70.00 *****35.00

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

2/19/97
 1017
 106
 100
 100
 100

Examiner's Initials

NOTICE OF RESIGNATION

COMES NOW, the undersigned, DAVID BECKINSALE, and hereby files this Notice of Resignation of the following corporation, which resignation shall be effective as of the 2nd day of February, 1997;

As of that date, the undersigned resigned as an Officer and/or Director of FLORIDA COMMUNITY HOUSING ASSISTANCE CORP., which resignation shall be effective as of said date.

This Notice of Resignation has been executed as of the day and year first appearing above.

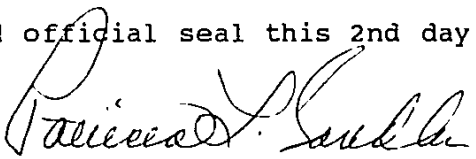

DAVID BECKINSALE

STATE OF FLORIDA

COUNTY OF BROWARD

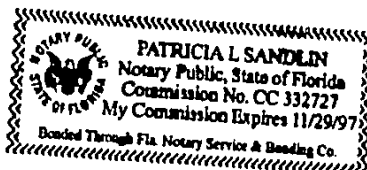
BEFORE ME the undersigned authority personally appeared DAVID BECKINSALE, who is personally known to me and who acknowledged that he executed the foregoing as his own voluntary act and deed for the purposes expressed herein.

WITNESS my hand and official seal this 2nd day of February, 1997.


NOTARY PUBLIC

Commission Exp:

nl/fch-dave.res/pls



N46812

Stewart & Associates

Requestor's Name

P.O. Box 100099

Address

Ft. Lauderdale, FL 33310-

City/State/Zip

Phone # 0099

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Florida Community Housing Resignation of Officer
(Corporation Name) (Document #)

2. Assistance Corp.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 200002085702--3
-02/12/97--01106--002
*****70.00 *****35.00

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 FEB 12 AM 9:33
STATE
FLORIDA

2/19/97
DDH
DDH
DDH
DDH
DDH
V.P. V. J.

NOTICE OF RESIGNATION

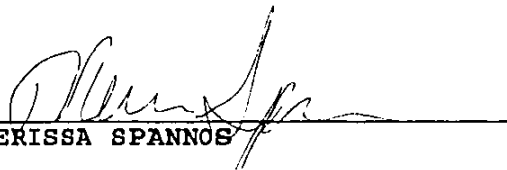
FILED

97 FEB 12 AM 9:33

COMES NOW, the undersigned, NERISSA SPANNOS, and hereby files this Notice of Resignation of the following corporation, TALLAHASSEE STATE, which resignation shall be effective as of the 2nd day of February, 1997;

As of that date, the undersigned resigned as an Officer and/or Director of FLORIDA COMMUNITY HOUSING ASSISTANCE CORP., which resignation shall be effective as of said date.

This Notice of Resignation has been executed as of the day and year first appearing above.

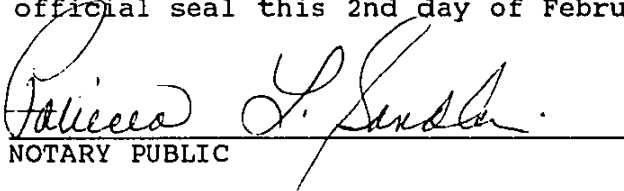

NERISSA SPANNOS

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME the undersigned authority personally appeared NERISSA SPANNOS, who is personally known to me and who acknowledged that he executed the foregoing as his own voluntary act and deed for the purposes expressed herein.

WITNESS my hand and official seal this 2nd day of February, 1997.


NOTARY PUBLIC

Commission Exp:

ssh/fch-nerissa.res/pls

