(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: THE VILLAGES AT MANGO Key HOMEOWNERS ASSOCIATION INC. (Name of Corporation)
DOCUMENT NUMBER: N 49360
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MRS. Isabel. Symmonds (Name of Person)
THE VILLAGES AT MANGO Key HOMEOWNERS ASSOCIATION INC (Name of Firm/Company)
3201 LUDFIELDS BLUD. (Address)
KISSIMMEE FLORIDA 3A-74-7 (City/State and Zip Code)
For further information concerning this matter, please call:
MRS. 1. Symmonds at (863) 424.7533 (Name of Person) at (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	PHIL	IP JOHN	5000	, hereby	resign as	PRESI	DENT
_							(Title)
of_	THE	VILLAGES	47	MANGO	KEY	HOME	OWNERS,
_		(Name of C	orporation)	455001	A770~	INC.
	NH	9360	, a	corporation org	ganized unde	er the laws of	the State of
	(Docume	nt Number, if known)			-		
	FL	ORIDA.	·				
			n Ik	<i>y</i> 1			

FILING FEE IS \$35.00

ignature 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