N95000004246

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Charles and Nillian In 19			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Brookside Cove Homeowners' Association Inc				
(Name of Corporation)				
DOCUMENT NUMBER: N95000004246				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Dee Henan				
(Name of Person) Brookside (que Homeowner Annociona Inc				
(Name of Firm/Company) 793 Z W. e. Road				
(Address) Oral Springs FL 33067				
For further information concerning this matter, please call:				
(Name of Person) at (954) 344-5353 (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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



_I Marcia Allen	, hereby resign as VP/Director	
		(Title)
of Brookside Cove Homeo	owners' Association Inc	
	(Name of Corporation)	
N95000004246 (Document Number, if known	a corporation organized under	the laws of the State of
Florida		2.1
	Mayera Clock (Signature of resigning officer/director)	
	(Signature of resigning officer/director)	

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