N96000001446

(Requestor's	s Name)	
(Address)		
(Address)		
(City/State/Z	(ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	ntrty Name)	
(Document Number)		
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Officer:		





100157085701

06/19/09--01030--013 **35.00

off. Resign.

COVER LETTER

SUBJECT: LAGUNA PONDS HOMEOWNER ASSOCIATION, TNC(Name of Corporation)

DOCUMENT NUMBER: N9600001446

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(Name of Firm/Company)

(Address)

MIAMI, FL 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN BERTRAN
(Name of Person)

at (305) 233-4460
(Name of Person)

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION TO STORY OF STREET OF STREET

I, RUBEN	BERTR	.AN hereby resign as	
		•	(Title)
of LAGUNA	PONDS	HOMEOWNERS	ASSOCIATION, INC.
(Name of Corporation)			
N960000 (Document Num		, a corporation organized un	der the laws of the State of
FLORIDA			
1160-100-10		 	

(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