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SSEE, FLORIDA



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF OFFICER AND/OR DIRECTOR

AFFIDAVIT

STATE OF			FLORIDA	1		· · · · · · · · · · · · · · · · · · ·	 	معدون د اوودر	-			
COUNTY OF _		BREVARI)	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_:			·• · · · · · · · · · · · · · · · · · ·	-		
BEFORE			ME,	the undersigned			authority, per			ersonally appeare		ed
MIC	HAEL	s.	JONES	·· <u>·</u> ····		, who	by_ mo	e being	first e	duly swo	rn says	to
the 1	best o	of	his	· · ·		knowl	edge, ir	nformatio	n and	belief,	and und	er
penal	ties of	perj	ury:						_			-
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1. T	hat		he		has resig	ned as a <u>S</u>	<u>ecreta</u>	ry/Trea	surer	/Direct	orof	
							(Tit	le)				
-	BRAND	IWY	NE NORT	H HOMEC	WNERS A	SSOCIATI	Юй' Īи	C,	a Flori	da corpora	ation;	_
(Name of Corporation)										AL C	2	
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2. T	hat th	e co	rporation	has been	notified in	r writing o	f the resi	gnation;	and	SSE SSE	F	
3. T	hat co	rpor	ate minu	tes relatir	ng to the r	esignation	are una	vailable.		<i>ini.</i> -	m g	
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					MT	CHARILS	JONES					_
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Sworn to and subscribed bel				efore me	this	d	ay of	August	<u>, 200</u>	3- n		
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Му Со	ommiss	ion	Expires:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		TO SEE	Maria D.	CC Ocacan		
1044 AF			***				4		Expires Oct. Bonded flantic Bondin	_10, 2004	-	
THAIN	G FEE	15	524-44							-e -co- the		

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (904) 487-6051