

N98000000701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

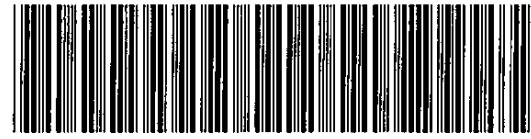
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Port Orange Family Days Community Trust
(Name of Corporation)

DOCUMENT NUMBER: N98 000000 701

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robin A. Lasky
(Name of Person)

Port Orange Family Days Community Trust
(Name of Firm/Company)

P.O. Box 290610
(Address)

Port Orange, Florida 32127
(City/State and Zip Code)

For further information concerning this matter, please call:

Robin A. Lasky at (386-31) 304-4859
(Name of Person) (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

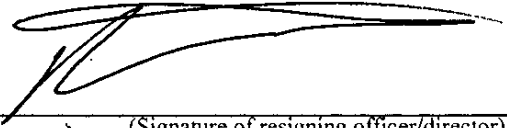
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Peter Atwood, hereby resign as Vice President / Director
(Title)

of Port Orange Family Days Community Trust
(Name of Corporation)

N98 000000701, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

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DIVISION OF CORPORATIONS
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