## 135000 8830 3

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
ALLAHASSEE FI OBIE



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: COUNTRY POINT HOMES INC
(Name of Corporation)
DOCUMENT NUMBER: P05000088303
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOHN MARIN
(Name of Person)
COUNTRY POINT HOMES INC
(Name of Firm/Company)
16 POSTWOOD DR
(Address)
PALM COAST FL 32164
(City/State and Zip Code)
For further information concerning this matter, please call:
JOHN MARIN  at ( 386 ) 255-7637  (Name of Person) (Area Code & Daytime Telephone Number)
(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, ALFRED R WEBER, JR	, hereby resign as_	DIRECTOR	
-,	, neresy resign us_	(Title)	<del></del>
of_ COUNTRY POINT HOMES, IN			,
(Name o	f Corporation)		
P05000088303 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
FLORIDA			
AMM <sub>(Si</sub>	grature of resigning officer/direct	SECRETARY OF STATE TALLAHASSEE, FLORIDA	

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