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P98 000 101290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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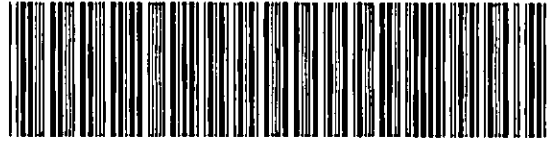
(Business Entity Name)

(Document Number)

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Old Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POLO WEST GOLF CLUB, INC.

(Name of Corporation)

DOCUMENT NUMBER: 198000101290

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

Please return all correspondence concerning this matter to the following:

CRAIG T. GALLE

(Name of Person)

THE GALLE LAW GROUP, P.A.

(Name of Firm/Company)

13501 SOUTH SHORE BLVD., SUITE 103

(Address)

WELLINGTON, FLORIDA 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

CRAIG T. GALLE 561 818-6659

(Name of Person) at ()
(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:

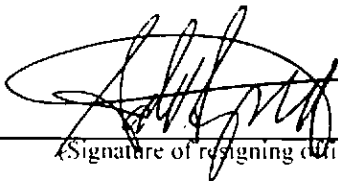
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SAL V. SPANO, hereby resign as TREASURER
(Title)

of POLO WEST GOLF CLUB, INC.
(Name of Corporation)

P98000101290, 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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