

N01000004987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

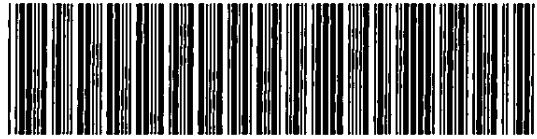
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O/D Resign.

04/24/07

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 4TH AVENUE CONDOMINIUM ASSOCIATION INC.
(Name of Corporation)

DOCUMENT NUMBER: N 010000084987

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER TABICK
(Name of Person)

(Name of Firm/Company)

89 BAY 23rd STREET
(Address)

BROOKLYN NY 11214.
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER TABICK at (917) 251 3778
(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, CASSANDRA J GOODE, hereby resign as DIRECTOR
(Title) (D)

of 4TH AVENUE CONDOMINIUM ASSOCIATION INC.
(Name of Corporation)

NO1000004987, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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