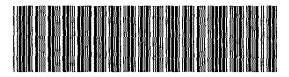
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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0/D Resign.
03/31/06

COVER LETTER

SUBJECT: Grandview Palace Condominium
(Name of Corporation)

DOCUMENT NUMBER: TAX I D # 13-4256845

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

Kin Pinillos
(Name of Person)

Grandview Palace Condominium
(Name of Firm/Company)

TEAUSURE Drive - Swite 1701
(Address)

North Bay Village Fortda 33141 (City/State and ZipCode)

For further information concerning this matter, please call:

(Name of Person) at (305) 861-6000 (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Patsy Stecco, hereby resign as Secretary (Title)	_	
THE Corandulew Palace Condominium Association	on,	Inc.
# 13-4256845 , a corporation organized under the laws of the State o	of	
Florida.		-
Signature of resigning officer/director)	06 HAR 24	DIVISION OF
FILING FEE IS \$35.00	24 PM 2:58	RY OF STATION CORPORATION

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314