## EBBD COUDO E UN

•
(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:

Office Use Only



900081016789

10/25/06--01016--015 \*\*35.00

FILED

06 OCT 25 PM 1:57

SECRETARY OF STATE
TALLAHASSEF FIRME

THA-CUIGN

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

٠.

SUBJECT: West Haven Cor	ndominium Associ (Name of Corp	ation, Inc.	
DOCUMENT NUMBER: NO30	•		
The enclosed Officer/Director Res	ignation for a Corporati	on and fee are submitted for filing.	
Please return all correspondence co	oncerning this matter to	the following:	
Alex Cazo (Name of Per	son)	_	
(Name of Firm/C	ompany)	<del></del>	
3461 S.W. 8th Street (Address)		<del></del>	
Miami, Pl 33135			 इस्ते स्ट्रीस
For further information concerning		:	
Alex Cazo (Name of Person)	at (305 (Area Co	) 448-2506 ode & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made	de payable to the Florid	a Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	Mailing Address: Amendment Section Division of Corporati Post Office Box 6327 Tallahassee, FL 323	7	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Alex Cazo	hereby resign as Treasurer		
	(Title)		
f West Haven Condomi	nimm Association, Inc.		
	Name of Corporation)		
N03000006883	, a corporation organized under the laws of the State of		
(Document Number, if known)	•		

(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