N04000006805

(Requestor's Name)
•
(Address)
(Address)
(1041000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dadwidge Elias) Halley
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:
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Office Use Only



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Of Resign

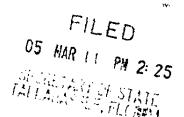
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJE	ECT: The Waves St. Pete Beach Condo Assoc
CODOL	(Name of Corporation)
DOCU	MENT NUMBER: N0400006805
The end	closed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Raym	nond Montchal
	(Name of Person)
St. Pe	ete Beach Place Inc
	· (Name of Firm/Company)
429 B	3 75th Ave N
	(Address)
St. Pe	ete Beach FL 337706
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
Kim M	ontchal at (727) 688-3214 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amendi Division P.O. Bo	Address: ment Section n of Corporations ox 6327 ssee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Raymond Montchal	, hereby resign as_ President
	(Title)
of_Waves St. Pete Beach Cond	
(Na	ne of Corporation)
N0400006805 (Document Number, if known)	, 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