

NO4000006805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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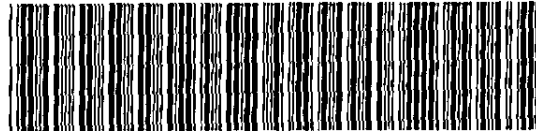
(Business Entity Name)

(Document Number)

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05 MAR 11 AM 9 11
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Waves St. Pete Beach Condo Assoc
(Name of Corporation)

DOCUMENT NUMBER: N04000006805

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

Please return all correspondence concerning this matter to the following:

Kim Montchal

(Name of Person)

St. Pete Beach Place Inc

(Name of Firm/Company)

429 B 75th Ave N

(Address)

St. Pete Beach FL 337706

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Montchal

(Name of Person)

at (727) 688-3214

(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
409 E. Gaines Street
Tallahassee, FL 32399

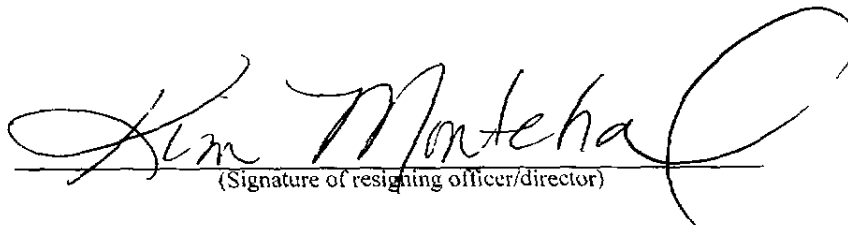
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 MAR 11 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Kim Montchal, hereby resign as Vice President
(Title)

of Waves St. Pete Beach Condominium Assoc. Inc
(Name of Corporation)

N04000006805, 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