N04:00000 999

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
Partied Second Second				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				
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Office Use Only

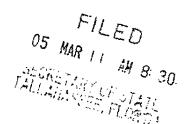


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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Ι,	ROBERT M. BAKER	, hereby resign as_	DIRECTOR		
		, , ,	(Title)	-	
of_	WILES ROAD TWO CONDOMINIUM		INC.		
(Name of Corporation)					
	N0400009999 , a corp	ooration organized un	der the laws of the State of	•	
	FLORIDA				
	(Signature	of resigning officer/direc	tor)		

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