

**N05000005263**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

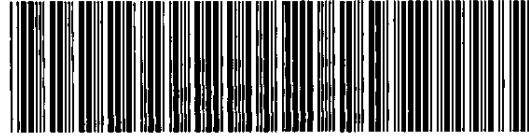
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10 AUG 23 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Records AUG 24 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 29 SANTILLANE AVENUE CONDOMINIUM ASSOCIATION, INC

(Name of Corporation)

**DOCUMENT NUMBER:** N05000005263

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

Hiram Cruz

(Name of Person)

(Name of Firm/Company)

29 Santillane Condo Association

(Address)

Coral Gables Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Clara Sanchez

(Name of Person)

at ( 305 ) 469-9229

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


I, Hiram Cruz, hereby resign as President and Treasurer  
(Title)

of 29 SANTILLANE AVENUE CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

N05000005263, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

FILED  
30 AUG 23 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, 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