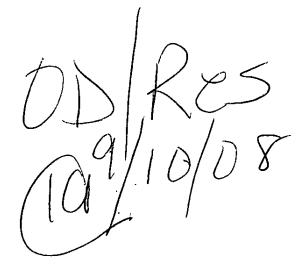
(Re	questor's Name)					
(Ad	dress)					
,						
(Address)						
•						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
		ļ				
	<u> </u>					

Office Use Only



000135276350

09/05/08--01011--002 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SEA BREEZE ESTATES CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: NO 500000 6163
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TEFF HANSEN (Name of Person)
(Name of Firm/Company)
1901 CLIFFURD STREET, #130Z (Address)
FORT MUERS FL 33901 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) 233 2888 (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

l,	bous.	Hanser	hereby resign as	(Title	e)
of	SEA BALL	(Name of C	Corporation)	IUM ASSOCIA	MAN INC
	(Document Number	•	a corporation organized u	nder the laws of the S	State of
	LORIDA	·			·.a
		Doug (Sign	ature of resigning officer/dire	ctor)	SECRETARY OF STATEMS DIVISION OF CORPORATIONS 08 SEP -5 AM 10: 05

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