## N05000012369

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

Office Use Only



900109629019

Off Resign



10/15/07--01006--012 \*\*70.00

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



2007 OCT -1 PM 2: 05

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Ginny Carrasco	, hereby resign as Secretary		
.,	,j,g,g,	(Title)	
The Edges at 7 St. Condomi	inium Association, Inc.		
	ne of Corporation)		
N05000012369 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314