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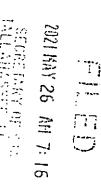
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TRANSMITTAL LETTER

THE SANCTUARY PROPERTY OWNERS ASSOCIATION OF ST. AUGUSTINE, INC. **SUBJECT** (Name of Corporation) DOCUMENT NUMBER: N97000005921 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THERESA COSTELLO (Name of Person) THE SANCTUARY PROPERTY OWNERS ASSOCIATION OF ST... (Name of Firm/Company) 2465 US HWY 1 S, PMB 78 (Address) ST. AUGUSTINE, FLORIDA 32086 (City/State and Zip Code) For further information concerning this matter, please call: THERESA COSTELLO (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JAMES R DODD	TREASURER
	(Title)
THE SANCTUARY PROPE	RTY OWNERS ASSOCIATION OF ST. AUGUSTINE, INC
	(Name of Corporation)
N97000005921	, a corporation organized under the laws of the State of
(Document Number, if k	nown)
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