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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLONNADE MEDICAL PARK Condominium Association, INC
(Name of Corporation)

DOCUMENT NUMBER: NO2000001085

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL A. MURRAY
(Name of Person)

PAUL A. MURRAY, P.A.
(Name of Firm/Company)

5667 NAPLES BLVD.
(Address)

NAPLES, FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL A. MURRAY at (239) 596-7600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

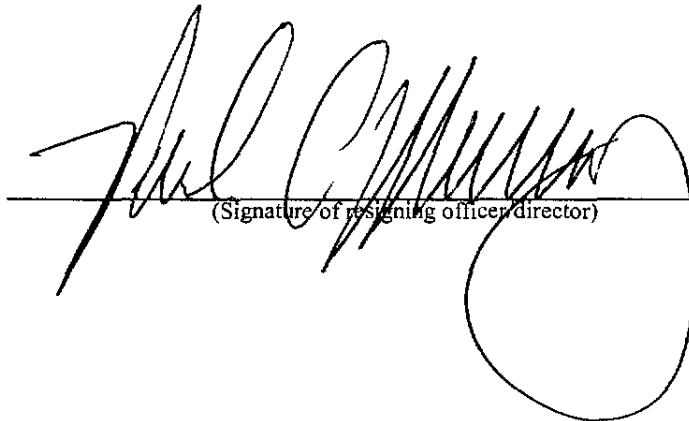
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAUL A. MURRAY, hereby resign as DIRECTOR
(Title)

of COLONNADE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

NO2000001085, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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