## NO+000000515

(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:		

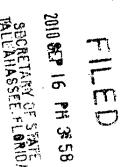
Office Use Only



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Nesignation

09/16/10--01015--009 \*\*35.00



9/11/10

## **COVER LETTER**

SUBJECT: The Lofts At Byron C	condominium Association, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: N040	00000515
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
John Porter/Ray Hicks	
(Name of Perso	on)
Barclay's Property Management	
(Name of Firm/Cor	npany)
P.O. Box 402507	
(Address)	
Miami Beach, FL 33140 USA	
(City/State and Zip	Code)
For further information concerning to	his matter, please call:
John Porter Barclay's Property M	lgr. at ( 786 ) 389 5400
(Name of Person)	at (786) 389 5400  (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

CR2E044(08/05)

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION ED IS PH 35 58

SECRETARY OF STATE FALLAHASSEE FLORIDS

I, Deidre Washington	hereby resign as President	
	(Title)	
of The Lofts At Byron Condomi	nium Association, Inc.	
(Nan	ne of Corporation)	
N0400000515	, a corporation organized under the laws of the State of	
(Document Number, if known)	v corporation organized under the factor of the battle of	
Flòrida		
	<del></del>	
	Teede a Wood	
	(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