

N04000009304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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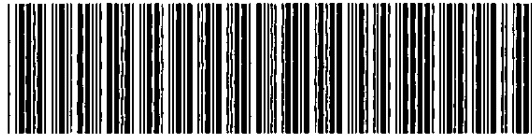
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Roberts NOV 29 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC BREEZE CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: NO4000009304

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

Please return all correspondence concerning this matter to the following:

ROBERT W. OLIN
(Name of Person)

ATLANTIC BREEZE CONDOMINIUM ASSOCIATION, INC.
(Name of Firm/Company)

1803 ATLANTIC BLVD. #1
(Address)

KEY WEST, FL. 33040
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT W. OLIN at (305) 294-2553
(Name of Person) (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, ROXANNA J Olin, hereby resign as DIRECTOR
(Title)

of ATLANTIC BREEZE CONDOMINIUM ASSOCIATION INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Roxanna J. Olin
(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**