MMWW)11992

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	ECT: Casa de Suenos Condominium Association
	(Name of Corporation)
DOCU	MENT NUMBER: N04000011992
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Karer	n Lane
	(Name of Person)
Casa	de Suenos
	(Name of Firm/Company)
1122	Angela Street
	(Address)
Key V	Vest, Florida 33040
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Karen	at (333)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for \$35.00 made payable to the Florida Department of State.
Amend Divisio Clifton 2661 E	Address: Iment Section on of Corporations Building Executive Center Circle Union of Corporations Building Executive Center Circle Union of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Michael Bernhardt	, hereby resign as	Director	
	(Title)	_	
	nium association, Incr		
(N	me of Corporation)	,	
N04000011992	a corporation organized under the laws of the State of		
(Document Number, if known)			
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