



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTECITY GOVERNOR CONDOMINIUM ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000003117  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

PIERO SALUSSOLIA  
\_\_\_\_\_  
(Name of Person)

PIERO SALUSSOLIA CORPORATE MANAGEMEN  
\_\_\_\_\_  
(Name of Firm/Company)

1548 BRICKELL AVENUE 2ND FLOOR  
\_\_\_\_\_  
(Address)

MIAMI, FLORIDA 33139  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIANA MARQUEZ at ( 305 ) 373-7016  
\_\_\_\_\_  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

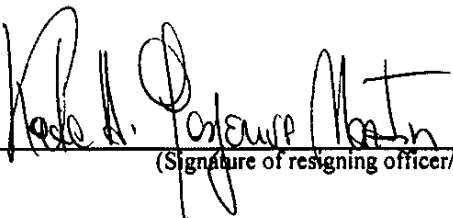
**FILED  
07 SEP 27 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, KATIA GASPERINA-MONTIN, hereby resign as TRESURER/DIRECTOR  
(Title)

of ARTECITY GOVERNOR CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

N05000003117, 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