N05000008689

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLOORIE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EAST KENDALL FEDERATION OF CONDOMINIUM & HOMEOWNI
DOCUMENT NUMBER: NO5000008689
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MYRNA WHEATMAN
(Name of Person)
(Name of Firm/Company)
9455 SW 92 ST.
(Address)
MIAMI, FL 33176
(City/State and Zip Cc de)
For further information concerning this matter, please call:
MYRNA WHEATMAN 305 595-1008
MYRNA WHEATMAN at (305) 595-1008 (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 Tallanassee, FL 32301 Mailing Address: Amendment Section D vision of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. MYRNA WHEATMAN	, hereby resign as VICE-PRESIDENT		
7	(Title)		
OI	TION OF CONDOMINIUM & HOMEOWNER ASSOCIATI		
· ·	me of Corporation)		
N05000008689 (Document Number, if known)	, a corporation organized under the laws of the State of		
FLORIDA	•		
- My	(Signature of resigning officer/unector)		
My	(Signature of resigning officer/unecost)		

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