(Requestor's Name)		
(Address)		
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Resignation of Offic	er from Condo Assoc'n
	(Name of Corporation)
DOCUMENT NUMBER: N050	000011665
The enclosed Officer/Director Resignation	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
PATRICIA BLAIR	·
(Name of Pers	on)
LPS CORPORATE SERVICES	
(Name of Firm/Co	mpany)
46 N WASHINGTON BLVD SU	ITE 1
(Address)	
SARASOTA, FL 34236 US	
(City/State and Zip	o Code)
For further information concerning	this matter, please call:
RONALD JOHNSON	at (941) 387-7136 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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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CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L VIRGINIA A JOHNSON	, hereby resign as_	SECRETARY	
		(Title)	
of CASA BELLA OF ANNA MARIA ISLAN	D CONDOMINIL	IM ASSOCIATION, INC.	
(Name of Corporation	on)		
N05000011665 , a corpor	ration organized under the laws of the State of		
(Document Number, if known)			
FLORIDA			

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF SIAIL DIVISION OF CORPORATIONS