

N05000012011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*01/20/10*  
*2-2004*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Blue Wave Condominium Association of Brevard County, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N05000012011

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

Please return all correspondence concerning this matter to the following:

Michael Faro

(Name of Person)

Michael Anthony Faro, P.A.

(Name of Firm/Company)

503 N. Orlando Avenue, Suite 106

(Address)

Cocoa Beach, FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Faro

(Name of Person)

at ( 321 ) 784-8158

(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

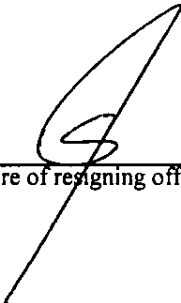
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ori Tal, hereby resign as President/Director  
(Title)

of Blue Wave Condominium Association of Brevard County, Inc.  
(Name of Corporation)

N05000012011, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
08 FEB 19 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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