(Requestor's Name)	
(Address)	
(Address)	4001610281
(City/State/Zip/Phone #)	Megna
PICK-UP WAIT MAIL	03/05/1001050001.
(Business Entity Name)	The state of the s
. (Document Number)	A SUPPLEMENT AND
Certified Copies Certificates of Status at the Certificates of Status at the Copies Certificates a	Centralition is
Special Instructions to Filing Officer:	AHASSE
	E, FLO

Office Use Only



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SEASIDE VILLAS OF	ANASTASIA ISLAND CONDOMINIUM ASSO (Name of Corporation)
DOCUMENT NUMBER: N0600	00000357
DOCUMENT NUMBER:	
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
Kim Cody	
(Name of Perso	n)
(Name of Firm/Com	npany)
12707 High Bluff Dr Ste 300	
(Address)	
San Diego CA 92130	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Kelley Mclaren	at (858) 720-6700 (Area Code & Daytime Telephone Number)
(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 Tallahassec, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Kim Cody	, hereby resign as Secretary	
	(Title)	
of SEASIDE VILLAS OF ANAS	TASIA ISLAND CONDOMINIUM ASSOCIATION, INC.	
	ne of Corporation)	
N06000000357	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida	<u> </u>	

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