## N060000000357

(Req	luestor's Name)			
. (Add	lress)			
(Add	iress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nai	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			

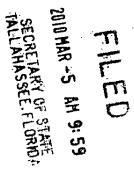
Office Use Only



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resignation

03/05/10--01050--001 \*\*192.50



3/8/10

## **COVER LETTER**

Ty: Amendment Section Division of Corporations

	HECT: SEASIDE VILLAS OF ANASTASIA ISLAND CONDOMINIUM ASSO			
SI	(Name of Corporation)			
D(	CUMENT NUMBER: N0600000357			
Tł	anclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
ΡJ	se raturn all correspondence concerning this matter to the following:			
<u>^</u> N	1 in Giardina Martin			
	(Name of Person)			
	(Name of Firm/Company)			
1	1707 High Bluff Dr Ste 300			
	(Address)			
٤	Dego CA 92130			
	(City/State and Zip Code)			
Fα	1:rther information concerning this matter, please call:			
K	13y Mclaren at ( 858 ) 720-6700			
	(Name of Person) at (858) 720-6700 (Area Code & Daytime Telephone Number)			
Eı	lose: lis a check for \$35.00 made payable to the Florida Department of State.			
St Aı	Mailing Address: Endment Section  Mailing Address: Amendment Section			
Di	Piori of Corporations Division of Corporations Post Office Box 6327			
26 Τε	1 Executive Center Circle Tallahassee, FL 32314			

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE OF SAM 9: 59

I,	Martin Giardina	, hereby resign as		
_			(Title)	
of	SEASIDE VILLAS OF ANAS	IIUM ASSOCIATION, INC.		
_	(Nar			
N0600000357		, a corporation organized under the laws of the State of		
	(Document Number, if known)	•		
Fl	orida			

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