

N06000002736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

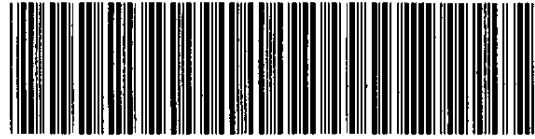
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

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AUG - 6 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE MIRAGE AT SAILBOAT COVE HOMEOWNERS ASSOCIATIO
(Name of Corporation)

DOCUMENT NUMBER: N06000002736

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

REINALDO CASTELLANOS, ESQ.
(Name of Person)

LAW OFFICE OF REINALDO CASTELLANOS
(Name of Firm/Company)

9960 BIRD DRIVE
(Address)

MIAMI, FLORIDA 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

REINALDO CASTELLANOS at (305) 223-8744
(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
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

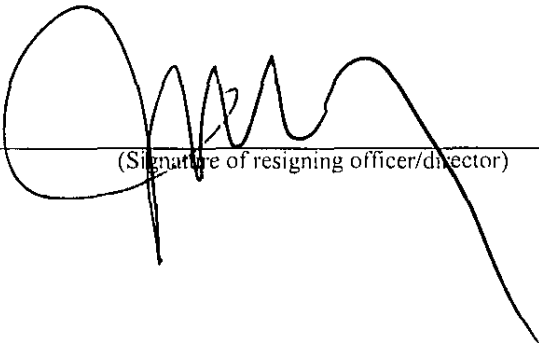
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TALLAHASSEE, FLORIDA

I, JOSE PEREZ DE CORCHO, hereby resign as D, V
(Title)

of THE MIRAGE AT SAILBOAT COVE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

N06000002736, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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