N06000005386

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Amendment Section

Division of Corporations

TO:

THE HAWTHORNE HIGHLANDS CONDOMINIUM ASSOCIATION. (Name of Corporation) N06000005386 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William J Hoffman (Name of Person) Trigild (Name of Firm/Company) 12707 High Bluff Dr Ste 300 (Address) San Diego CA 92130 (City/State and Zip Code) For further information concerning this matter, please call: Kelley McLaren (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section
Division of Corporations
Clifton Building Amendment Section Division of Corporations Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION

OFFICER A CORPORATION

I, William J Hoffman	, hereby resign asPresident
146	(Title)
	CONDOMINIUM ASSOCIATION, INC.
	of Corporation)
N06000005386 (Document Number, if known)	_, a corporation organized under the laws of the State of
Fiorida	
1	110

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