

ND6000000565

(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:

Office Use Only



000207635870

05/23/11--01009--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 PM 1:49

OD/Res
@ 5/23/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VICTORIA BREEZES CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N06000005615

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

Please return all correspondence concerning this matter to the following:

ALVARO CASTILLO

(Name of Person)

ALVARO CASTILLO B. P.A.

(Name of Firm/Company)

1390 BRICKELL AVENUE SUITE 200

(Address)

MIAMI FLORIDA 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO CASTILLO

(Name of Person)

at (305) 371-5540

(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

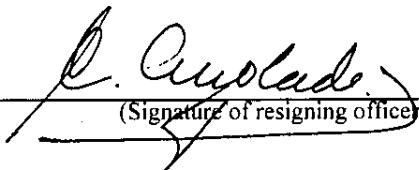
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARLOS ANGLADE, hereby resign as Officer and Director (DPST)
(Title)

of VICTORIA BREEZES CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

N06000005615, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 23 PM 1:49