N06000011202

(Re	questor's Name)
(Adı	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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02/02/09--01018--003 **35.00

2009 FEB -2 AM 10: 42

off. Resign.

TB 2-5-0°

COVER LETTER

Division of Corporations
SUBJECT: Villas Continental Condominium Association, Inc
DOCUMENT NUMBER: NO6000011202
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathy L. Anderson (Name of Person)
(Name of Firm/Company)
2223 Astar St. MA 12 (Address)
Orange Park, FL 32073 (City/State and Zip Code)
For further information concerning this matter, please call:
Kathy L. Andrson at (904) 625 - 7413 (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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Kathy L. Anderson, hereby resign as President	
(Title)	
of Villas Continental Condominium Association, INC.	
(Name of Corporation)	
NO600011 202 a corporation organized under the laws of the State of	
(Document Number, if known)	
<u>Florida</u>	
ZIBS FEB TALLAR	N
	Personal Printer
ASSET 2	m
(Signature of resigning officer/director)	
(Signature of resigning officer/director)	
RATE 42	

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