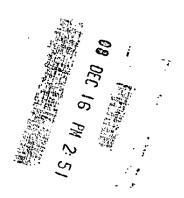
## 

| (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: |
|   |
|   |
|   |
|   |
|   |





12/16/08--01020--023 \*\*122.50





## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: THE GABLES EAST OF BOCA BARWOOD V CONDOMINIUM   |
|--|
| (Name of Corporation)  |
| DOCUMENT NUMBER: N06669  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| CASSIA S. MENDES   |
| (Name of Person)   |
| N/A  |
| (Name of Firm/Company)   |
| 7840 CARINA COURT  |
| (Address)  |
| LAKE WORTH FLORIDA 33467   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| CASSIA S. MENDES at ( 561 ) 502-9970   |
| (Name of Person) at (561) 502-9970 (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

| CASSIA S. MENDES                | hereby resign as PRESIDENT                               |
|---------------------------------|--|
| ,                               | (Title)  |
| $_{ m of}$ THE GABLES EAST OF B | OCA BARWOOD V CONDOMINIUM ASSOC.,INC.                    |
|                                 | arne of Corporation)                                     |
| (Document Number, if known)     | , a corporation organized under the laws of the State of |
| 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