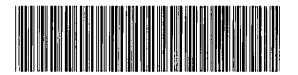


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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07/09/24--01005--031 \*\*132.50



07/08/2/

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

James Willett	Treasurer, hereby resign as	
*,	, nercoy resign as	(Title)
Sedona Club Condominium Associati of	on, Inc.	
(Document Number, if known)	, a corporation organized under the	laws of the State of
N07000003361		
	- <del></del>	
	- J- Wills	
	(Signature of resigning office Adirector)	-9 -9
		PH 3

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314