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Of Lisy C.COULLIETTE

JUN 20 2011

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: SUMMERLAND KEY COVE AMD HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)

'n

DOCUMENT NUMBER: NO 70000 11723

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

Please return all correspondence concerning this matter to the following:

CHARLES D. EIDSCHUN
(Name of Person)

SUMMERLAND KEY COVE AMD HOMEOWNERS ASSOCIATION, INC. (Name of Firm/Company)

329 AIRPORT DRIVE NORTH

SUM MERLAND KEY, FL 33042 (City/State and Zip Code)

For further information concerning this matter, please call:

JAY MARZELLA at (305) 923-5500 (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, <u>J A</u>	Y MA	RZELLA	, hereby	y resign as DT	CTRE	(Title)	<u>沢)</u>	<b>—</b>
of SUN	IMERLAN	D KEY COVE (Name of Corp	AMD A	HOMEOWN	Ers a	SSOCIAT	10N)	INC
	0001172		orporation or	ganized under t	the laws o	of the State	of	
_FL0	ORIDA	·						
	J	mos L Ma (Signatur	re of resigning	office <del>r/dire</del> ctor)			11 JUN 17	
		FILIN	G FEE IS \$	35.00			PM 1:40	YOU STATE

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314