N09340

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

Office Use Only



900025015199

12/03/03--01031--007 **35.00

PILED

03 DEC-5 AM 8:58

03 DEC-5 AM 8:58

03 OF STAIL OF

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporat	
SUBJECT:	Wedgewood Plaza 3 And 4 Association
DOCUMENT NUMBER:	
The enclosed Officer/Direct	or Resignation for a Corporation and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
(Name	e of Person)
Wedgewood (Name of)	l Plaza 344 Association
Ro. Box	495335 ddress)
P4. Charlotte (City/State	the 33949 (c)
For further information conc	erning this matter, please call:
(Name of Pers	son) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.	00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Clinton P. Conway, hereby resign as_	Director (Title)
of	Wedgewood Plaza 3 4 4 (Name of Corporation)	Association, Inc.
	(Document Number, if known) , a corporation organized under	the laws of the State of
	+lorida	30 -
	(Signature of resigning officer/director)	EC-5 M 8: 59 EC-5 M 8: 59

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 Tailahassee, Florida 32314