## Po5000053237

(	Requestor's Name)			
(	Address)	<u></u>		
	Address)			
	, ,			
-	City/State/Zip/Phone	∋ #)		
PICK-UP	WAIT	MAIL		
	Queinoce Entity Nor	70)		
(Business Entity Name)				
(Document Number)				
Certified Coples	Certificates	s of Status		
Special Instructions to Filing Officer:				

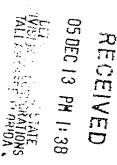
Office Use Only



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2005 DEC 13 PM 3: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



C. Coullette DEC 1 3 2005

## COVER LETTER

Division of Corporations
SUBJECT: Seaside Property Insurance, Inc.
(Name of Corporation)
DOCUMENT NUMBER: PO5000053237
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
William B Graham
(Name of Person)
McFarlain, Cassedy, P.A.
(Name of Firm/Company)
305 South Gadsden St
(Address)
Tallahassee, Florida 3201
(City/State and Zip Code)
For further information concerning this matter, please call:
William B Graham
(Name of Person) at (
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

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

T Gerald L W <b>#</b> ner	hereby resign as Direct	tor
,		(Title)
of Seaside Property Insurance,		
(Nam PO500053237 (Document Number, if known) Florida	e of Corporation), a corporation organized under the	2005 DEC 13 PM SECON TARY OF STANKS OF the SHASSEE, FI
	(Signature of resigning officer/director)	3: 03 STATE LORIDA

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