

144517

**Florida Department of State**  
**Division of Corporations**  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561)650-0728  
Fax Number : (561)671-2527

**DISSOLUTION OR WITHDRAWAL**  
**BUTLER MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	1
Certified Copy	0
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J. HORNE

AUG 18 2022

2022 AUG 17 PM 3:55

2022 AUG 17 AM 11:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED

49

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Butler Medical Center Condominium Association, Inc.

SECOND: The document number of the corporation (if known): 744517

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

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TALLAHASSEE, FL

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

[X] The date of meeting of members at which the resolution to dissolve was adopted

July 18, 2022

The number of votes cast by the members was sufficient for approval.

[ ] The resolution was adopted by written consent of the members and executed in accordance

with

section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was

The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: August 31, 2022

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature: Roy C. Blake, III

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Roy C. Blake, III

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

### Notice of Corporate Dissolution

*This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.*

*This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.*

Name of Corporation: Butler Medical Center Condominium Association, Inc.

*Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.*

*Description of information that must be included in a claim:*

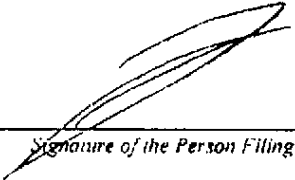
- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the Company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

Thomas D. Rielly, P.A. - 200 Butler Street, Ste. 207, West Palm Beach, FL 33407  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.*

Thomas D. Rielly  
\_\_\_\_\_  
*Printed Name of the Person Filing*

  
\_\_\_\_\_  
*Signature of the Person Filing*

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**