

NO10000002818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

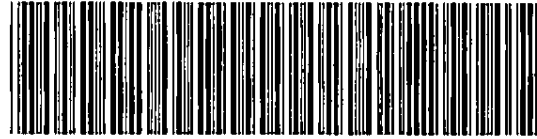
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Active 4522

Office Use Only



200390558252

07/08/22 --01011--002 **35.00

2022 OCT 17 PM 4:40

Dissolution

OCT 25 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coral Oaks Residents' Assn

DOCUMENT NUMBER: NO1000002818

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID LEVINSON
(Name of Contact Person)
CORAL OAKS RESIDENTS ASSOC.
(Firm/Company)
900 WEST LAKE RD E309
(Address)
PALM HARBOR, FL 34684
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID LEVINSON at (727) 351-5885
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

FEF ALL READY PAID

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2022

H DAVID LEVINSON
900 WEST LAKE ROAD, E-309
PALM HARBOR, FL 34684

SUBJECT: CORAL OAKS RESIDENT'S ASSOCIATION, INC.
Ref. Number: N01000002818

We have received your document for CORAL OAKS RESIDENT'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 922A00021914

OCT 17 2022

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:

CLORAL OAKS RESIDENTS ASSO

SECOND: The document number of the corporation (if known): NO1000002818

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

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted 6/15/2021. 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: 7/15/2021

(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: H. David Levinson
(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)

H. DAVID LEVINSON

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

Filing Fee: \$35