# 718818

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(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
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### **COVER LETTER**

**TO:** Amendment Section - Division of Corporations

SUBJECT: ADTICLES OF DISSOLUTION
DOCUMENT NUMBER: 617, 1401
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEORGE ECKLAR, PRESIDENT (Name of Contact Person)
, ,
HOLIDAY GARDENS CIVIC ASSOCIATION (Firm/Company)
5119 MITZI LANE (Address)
(Address)
(Address)  HOLIVAY, FLORI DA 34690  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
GEORGE ECKAR at (727) 944 4876 (Name of Contact Person) (Area Code & DaytimeTelephone Number)
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
Sas Filing Fee 43.75 Filing Fee & \$\begin{array}{c} \$43.75 Filing Fee & \$\begin{array}{c} \$52.50 Filing Fee, & Certificate of Status & Certified Copy & Certificate of Status & Certified Copy &

# **MAILING ADDRESS:**

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

# **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:		
	HOLIDAY GARDENS CLUIC ASSOCIATION, INC.		
SECOND:	The document number of the corporation (if known): 18818.		
THIRD:	The file date of the articles of incorporation: $7-7-1970$		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid.		
SIXTH:	Adoption of Dissolution (CHECK ONE)  (Note: Cannot be authorized by an incorporator if the corporation has directors)		
	(Note: Cannot be authorized by an incorporator if the corporation has directors)  The dissolution was authorized by a majority of the directors:  OR  The dissolution was authorized by an incorporator.  The dissolution was authorized by a majority of the incorporators.		
	☐ The dissolution was authorized by an incorporator.		
	☐ The dissolution was authorized by a majority of the incorporators.		
Signa	(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)  (Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35