

723480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

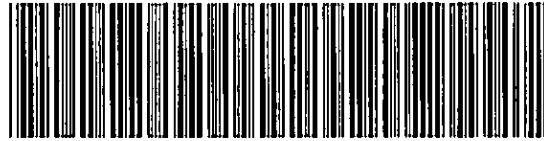
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 AUG 26 PM 1:22

2022 AUG 26 PM 1:22

*Dissolution  
w/notice*

2022 AUG 26 PM 1:22

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of St. Armands Association, Incorporated

**DOCUMENT NUMBER:** 723480

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

Please return all correspondence concerning this matter to the following:

Kenneth J. Nota

(Name of Contact Person)

Law Office of Kenneth J. Nota, PA

(Firm/Company)

1990 Main Street, Suite 750

(Address)

Sarasota, Florida 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth J. Nota

401

206-9056

(Name of Contact Person)

at ( )

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

2022 AUG 26 PM 1:22

## 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:  
St. Armands Association, Incorporated

SECOND: The document number of the corporation (if known): 723480

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  
July 7, 2022. The number of votes cast by the members was sufficient for  
approval.

with

☐ The resolution was adopted by written consent of the members and executed in accordance  
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: N/A  
(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: Christopher Goglia  
(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)

Christopher Goglia

(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:* St. Armands Association, Incorporated

*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:*

*Claims must include the name and address and contact information of the claimant, the amount claimed, the basis of the claim the date the claimed amount was due, was incurred or was accrued, and any documentation supporting the claim.*

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

St. Armands Association Incorporated

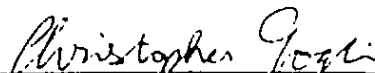
PO Box 2482

Sarasota, Florida 34230

*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.*

Christopher Goglia, President

*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*