

745680

(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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APPROVED
AND
FILED
14 MAR 18 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Mar 19, 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2014

CARY J. ZABELL, ESQ. / CARY J. ZABELL CO., L.P.A.
25700 SCIENCE PARK DR SUITE 250
BEACHWOOD, OH 44122 US

SUBJECT: CEDAR VILLAGE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 745680

We have received your document for CEDAR VILLAGE CONDOMINIUM 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 314A00004282

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CEDAR VILLAGE CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: 745680

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

Please return all correspondence concerning this matter to the following:

CARY J. ZABELL CO., L.P.A. / CARY J. ZABELL, ESQ.

(Name of Contact Person)

25700 SCIENCE PARK DR SUITE 250

(Firm/Company)

(Address)

BEACHWOOD, OH 44122

(City/State and Zip Code)

For further information concerning this matter, please call:

CARY J. ZABELL

(Name of Contact Person)

at (216)

(Area Code)

831-8111

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:
CEDAR VILLAGE CONDOMINIUM ASSOCIATION, INC.

SECOND: The document number of the corporation (if known): 745680

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

_____. 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: 12/31/2013
(no more than 90 days after dissolution file date)

Signature: _____
(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)

James R. Wulmer
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

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