

750047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

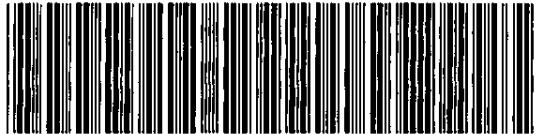
(Business Entity Name)

(Document Number)

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

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11/23/09--01045--006 \*\*35.00

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09 DEC -9 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Roberts DEC 09 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2009

DAVID B. LANE  
SOUTHERN WEATerview DEVELOPMENT INC  
1431 FIRST STREET SOUTH  
JACKSONVILLE, FL 32250

SUBJECT: BEACH HOUSE OF JACKSONVILLE ASSOCIATION, INC.  
Ref. Number: 750047

We have received your document for BEACH HOUSE OF JACKSONVILLE 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):

Please complete only one section, Section I or Section II. Do not complete both sections.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

To: Tina Roberts  
Regulatory Specialist II

Letter Number: 709A00036752

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Condominium Homeowners Association

**DOCUMENT NUMBER:** 750047

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

Please return all correspondence concerning this matter to the following:

David B. Lane

(Name of Contact Person)

Southern Waterview Development, Inc.

(Firm/Company)

1431 First Street South

(Address)

Jacksonville, Florida 322502

(City/State and Zip Code)

For further information concerning this matter, please call:

David B. Lane

(Name of Contact Person)

at ( 904 ) 242-0200

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:**      The name of the corporation as currently filed with the Florida Department of State:

SECOND: The document number of the corporation (if known): 750047

## SECTION I

(CHECK/COMPLETE ONE)

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

## SECTION II

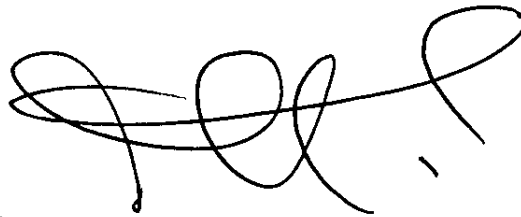
**The corporation has no members or members entitled to vote on the dissolution.**

The date of adoption of the resolution by the board of directors was 11/20/09.

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: November 20, 2009  
(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.)

Martha C. Taylor

(Typed or printed name of the person signing)

President

(Title of person signing)

**FILING FEE: \$35**