



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2018

OLD NORTH STATE TRUST, LLC  
P.O. BOX 1380  
GREENSBORO, NC 27402-1380

SUBJECT: THE HORIZONS CONDOMINIUM NO. 7 ASSOCIATION, INC.  
Ref. Number: 750852

800311032478

Debit Memo #: 026029-G

Due to your failure to respond to our previous letter advising you of the attached returned check #1022007573, the 2017 annual report has been cancelled and is considered not filed as of March 15, 2018. The entity has now been administratively dissolved/revoked and will have to reinstate and pay all fees due this office to return to active status.

Enclosed is the certificate of dissolution/revocation.

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely  
Tammi Cline  
Regulatory Specialist III  
Division of Corporations

Letter number: 318A00005927

# State of Florida



Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

THE HORIZONS CONDOMINIUM NO. 7 ASSOCIATION, INC. having failed to file its 2017 annual report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked on January 12, 2017.

The document number of this entity is 750852.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-third day of March, 2018



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2017

OLD NORTH STATE TRUST, LLC  
P.O. BOX 1380  
GREENSBORO, NC 27402-1380

SUBJECT: THE HORIZONS CONDOMINIUM NO. 7 ASSOCIATION, INC.  
Ref. Number: 750852

Debit Memo #: 026029-G

This is to inform you that your check #1022007573 dated February 15, 2017 in the amount of \$131.26 and submitted for THE HORIZONS CONDOMINIUM NO. 7 ASSOCIATION, INC. has been returned to us by your bank because of stop payment.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$146.26 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Tammi Cline  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely,  
Tammi Cline  
Regulatory Specialist III  
Division of Corporations

Letter number: 917A00012704