# 755486

| (Requestor's Name)                      |              |             |  |  |  |
|---|--------------|-------------|--|--|--|
| (Address)                               |              |             |  |  |  |
| (Address)                               |              |             |  |  |  |
| (City/State/Zip/Phone #)                |              |             |  |  |  |
| PICK-UP                                 | ☐ WAIT       | MAIL        |  |  |  |
| (Business Entity Name)                  |              |             |  |  |  |
| (Document Number)                       |              |             |  |  |  |
| Certified Copies                        | Certificațes | s of Status |  |  |  |
| Special Instructions to Filing Officer: |              |             |  |  |  |
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SECRETARY OF STATE A
SECRETARY OF FLORIDA

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT:         | The Woodland                     | ls Estates H                 | omeowners               | Associati              | on of                  | Broward  | County,                               | Inc.    |
|------------------|----------------------------------|------------------------------|-------------------------|------------------------|------------------------|--|---------------------------------------|---------|
| DOCUMENT         | NUMBER:                          | 755486                       | - · · ·                 |                        | -<br>-                 | -<br>  |                                       |         |
| The enclosed A   | rticles of Dissol                | ution and fee a              | re submitted            | l for filing.          |                        | •  |                                       |         |
| Please return al | l correspondence                 | concerning thi               | s matter to             | he following           | <b>:</b> , .           | e Service de la companya de la comp | • 4 •                                 |         |
| Regi             | na Gonzālez                      |                              |                         |                        |                        |  |                                       |         |
|                  |                                  | (Name of Co                  | ontact Person)          |                        |                        |  |                                       |         |
|                  | ···                              | (Firm/C                      | ompany)                 |                        | . · ·                  | ·  | · · · · · · · · · · · · · · · · · · · |         |
| 5701             | N.W. 54th Te                     | errace                       |                         |                        |                        |  |                                       |         |
|                  |                                  | (Add                         | ress)                   |                        |                        |  |                                       | •       |
| Tama             | rac, FL 333 <b>1</b>             |                              |                         |                        |                        |  |                                       | . منتخب |
|                  |                                  | (City/State at               | nd Zip Code)            |                        |                        |  |                                       |         |
| For further info | rmation concerni                 | ing this matter,             | please call:            |                        |                        |  |                                       |         |
|                  | Gonzalez<br>Jame of Contact Pers | son)                         | at ( <u>954</u><br>(Are | )410<br>ea Code & Dayt | -6507<br>imeTelepl     | one Numbe  | er)                                   | •       |
| Enclosed is a cl | neck for the follo               | wing amount:                 |                         |                        |                        |  |                                       |         |
| □\$35 Filing     | g Fee                            | Filing Fee & [cate of Status | Certified               | Copy<br>al copy is     | Certi<br>Certi<br>(Add | 0 Filing F<br>ficate of S<br>fied Copy<br>itional co<br>losed)   | Status &                              |         |

# **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: The name of the corporation as currently filed with the Florida Department of State: FIRST: The Woodlands Estates Homeowners Association of Broward County, Inc. SECOND: The document number of the corporation (if known): 755486 THIRD: Adoption of Dissolution (Complete Section I or II) SECTION I If the corporation has members entitled to vote: The date of the meeting of members at which the resolution to dissolve was adopted 12/30/05 (CHECK ONE) The number of votes cast for dissolution was sufficient for approval. The resolution was adopted by written consent and executed in accordance with 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)

| OURTH: | Effective date of dissolution if applicable:  | 2/28/2006  |
|--------|---|--|
|        |   | (no more than 90 days after dissolution file date) |
|        | Signature Quant Land (By the chairman or vice chairman of officer- if directors have not been selethe hands of a receiver, trustee, or othe by that fiduciary.) | ected, by an incorporator- if in                   |
|        | Regina K. Gonzalez  |  |
|        | (Typed or printed name of t   | he person signing)                                 |
|        | Treasurer   | <u> </u>   |
|        | (Title of person s  | gning)   |

FOURTH:

FILING FEE: \$35