## N01000003918

(Requestor's Name)	<u></u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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10/22/03--01015--012 \*\*35.00



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Thereis
10-26-09

## **COVER LETTER**

Street Address:

TO:

Amendment Section Division of Corporations

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Mailing Address:** 

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

TOOR OCT 22 P 1: 52

TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

	section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following
Articles of D	$\dot{\cdot}$
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	PLUGRSEDGE HOMEOUNERS ASSOCRATION OF BROWARD, IN
SECOND:	The document number of the corporation (if known): Noloo03918
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 the meeting of members at which the resolution to dissolve was adopted
	<u>OctoBec 15, 2009</u> . 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)

(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.)
(Typed or printed name of the person signing)
(Title of person signing)

Effective date of dissolution if applicable:

FOURTH:

FILING FEE: \$35