

ND4000001059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

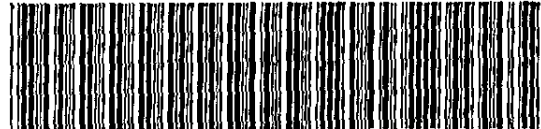
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

*Elora Newman*  
AUTHORIZATION FROM TO  
CORRECT *de life info in*  
DATE *Section II*  
DOC. EXAM \_\_\_\_\_



900044090759

01/18/05--01034--009 \*\*35.00

FILED  
05 JAN 18 PM 4:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Is 1/18/05*  
*DISS*

**FILED**

05 JAN 18 PM 4:41

**ARTICLES OF DISSOLUTION**

COUNTY OF STATE  
TALLAHASSEE, FLORIDA

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 is PINELLAS GROVES HOMEOWNERS ASSOCIATION, INC.

SECOND: 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

(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 with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was \_\_\_\_\_

The number of directors in office was \_\_\_\_\_ and the vote for the resolution  
was \_\_\_\_\_ for and \_\_\_\_\_ against.

Signed this 13TH day of JANUARY, 2005.

Signature Elona Newman  
(By the Chairman or Vice Chairman of the Board, President or other officer)

ELONA NEWMAN

(Typed or printed name)

PRESIDENT/INCORPORATOR

(Title)

NO4000001059

(Requestor's Name)

(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



700044090777

12/18/05--01034--010 \*\*35.00

FILED  
05 JAN 18 PM 4:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

BS 1/21/05  
ols des.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PINELLAS GROVES HOMEOWNERS ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000001059

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELONA NEWMAN

(Name of Person)

PINELLAS GROVES HOMEOWNERS ASSOC. INC

(Name of Firm/Company)

015530 58TH STREET NORTH

(Address)

CLEARWATER, FLORIDA 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

ELONA NEWMAN

(Name of Person)

at ( 727 )

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399