

N05 000003847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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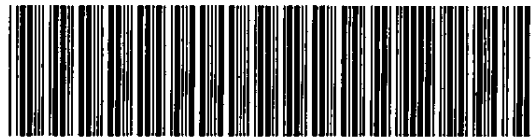
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XH1A  
VOL 115

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Toscana at Tuscan Reserve Master Condominium Association, Inc.

**DOCUMENT NUMBER:** N05000003847

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

Please return all correspondence concerning this matter to the following:

Sylvia Keith

(Name of Contact Person)

WCI Communities, Inc.

(Firm/Company)

PO Box 5698

(Address)

Sun City Center, Fl. 33571

(City/State and Zip Code)

For further information concerning this matter, please call:

Sylvia Keith

(Name of Contact Person)

at ( 813 ) 642-1454

(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

## ARTICLES OF DISSOLUTION

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 as currently filed with the Florida Department of State:

Toscana at Tuscany Reserve Master Condominium Association, Inc.

SECOND: The document number of the corporation (if known): N05000003847

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  
\_\_\_\_\_.

(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 12/14/06.

The number of directors in office was 3 and the vote for resolution was  
3 for and 0 against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: 12/14/06  
(no more than 90 days after dissolution file date)

Signature Sylvia Keith  
(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.)

Sylvia Keith  
(Typed or printed name of the person signing)

Secretary/Treasurer  
(Title of person signing)

**FILING FEE: \$35**

**FILED**  
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**TALLAHASSEE, FLORIDA**