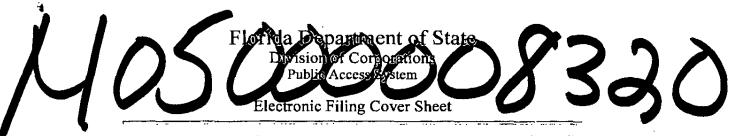
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Page 1 of 💕 6

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: WINDERWEEDLE, HAINES, WARD & WOODMAN,

Account Number: 076077002775

Phone

: (407)246-8450

Fax Number

: (407)423-7014

## DISSOLUTION OR WITHDRAWAL

ORCHID & MEAD GARDEN TOWNHOMES ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	25
Estimated Charge	\$35.00

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12/30/2008

https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

\$35 Filing Fee	SUBJECT: ORCHID & MEAD CARDEN TOWN	HOMES ASSOCIATION,	INC.	
Please return all correspondence concerning this matter to the following:  VICTOR E. WOODMAN, ESQUIRE  (Name of Contact Person)  WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  (Firm/Company)  329 PARK AVENUE NORTH, 2ND FLOOR  (Address)  WINTER PARK, FLORIDA 32789  (City/State and Zip Code)  For further information concerning this matter, please call:  Michele Giger at (407 ) 246-6581  (Name of Contact Person) (Area Code & DaytimeTelephone Number)  Enclosed is a check for the following amount:  X\$35 Filing Fee \$\Bigsim \$43.75 Filing Fee & \$\Bigsim \$43.75 Filing Fee, Certificate of Status & (Additional copy is Certified Copy	DOCUMENT NUMBER:050000083	20	<del></del>	
VICTOR E. WOODMAN, ESQUIRE  (Name of Contact Person)  WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  (Firm/Company)  329 PARK AVENUE NORTH, 2ND FLOOR  (Address)  WINTER PARK, FLORIDA 32789  (City/State and Zip Code)  For further information concerning this matter, please call:  Michele Giger at (407 ) 246-6581  (Name of Contact Person) (Area Code & DaytimeTelephone Number)  Enclosed is a check for the following amount:   \$\textbf{X}\$ \$35 Filing Fee \$\textbf{S}\$ \$43.75 Filing Fee & \$\textbf{S}\$ \$52.50 Filing Fee, Certificate of Status & (Additional copy is Certified Copy	The enclosed Articles of Dissolution and fee are submitted for filing.			
(Name of Contact Person)  WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  (Firm/Company)  329 PARK AVENUE NORTH, 2ND FLOOR  (Address)  WINTER PARK, FLORIDA 32789  (City/State and Zip Code)  For further information concerning this matter, please call:  Michele Giger at (407 ) 246-6581  (Name of Contact Person) (Area Code & DaytimeTelephone Number)  Enclosed is a check for the following amount:   \$\textbf{X}\$ \$35 Filing Fee \$\textbf{X}\$ \$43.75 Filing Fee & \$\textbf{X}\$ \$52.50 Filing Fee, Certificate of Status & (Additional copy is Certified Copy  (Additional copy is Certified Copy	Please return all correspondence concerning the	is matter to the followin	g:	
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MAILING ADDRESS: STREET ADDRESS:				
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	• • • • • • • • • • • • • • • • • • •			

(HOBODOZBIZIZ 3)

2661 Executive Center Circle Tallahassee, FL 32301

(H08000 281212 3)

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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 S	State:	
	ORCHID & MEAD GARDEN TOWNHOMES ASSOCIATION, INC.		
SECOND:	The document number of the corporation (if known): 05000008320		
THIRD:	The file date of the articles of incorporation: August 15, 2005		
FOURTH	The corporation has not commenced to conduct its affairs.	75 75	
FIFTH:	No debts of the corporation remains unpaid.	2009 JAN SECRET	with
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors	ARY SSE	Ī
	The dissolution was authorized by a majority of the directors: OR	AM IO: 32 OF STATE E. FLORID!	į
	The dissolution was authorized by an incorporator.	32	
•	☐ The dissolution was authorized by a majority of the incorporators.		
Signa	(By the chairman or vice chairman of the board, president or other officer- if directors have selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed that fiduratry)	e not been fiduciary, by	
	JEFFREY EISENBARTH		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35