(Requestor's Name) (Address) (Address)	300155586353
(City/State/Zip/Phone #)	,
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	2009 MAY -7 PM 3: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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5/14·09

COVER LETTER

TO: Amendment Section Division of Corporations	•
D155	OLUTION
DISS SUBJECT: HERNANDO BE	ACH FOUNDATION, INC
DOCUMENT NUMBER: NO6 00000	1939
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
MARICE CAUP (Name of Cont	FFMAN
(Name of Contact Person)	
HERNANDO BEA	TOP FOLINDATION INC
(Firm/Con	npany)
3145 FLAMING	FO BLVD
3145 FLAMINED BLVD (Address)	
HERNANDO BEACH	FL 34607
HERNANDO BEACH FL 34607 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
MARIE CAUFFMAN a (Name of Contact Person)	1(352) 596 - 5878
	(Area Code & DaytimeTelephone Number)
TREASURE R Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\$\$ 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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	HERNANDO BEACH FOUNDATION INC
SECOND:	The document number of the corporation (if known): NO600001939
THIRD:	The file date of the articles of incorporation: 2006 FEB 22
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors) The dissolution was authorized by a majority of the directors: OR The dissolution was authorized by an incorporator.
	OR The dissolution was authorized by a majority of the directors: OR
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
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)	
	CONNIE WONSIK
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(Title of person signing)

Filing Fee: \$35