

**N06000004244**

(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

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution for FLORIDA HOME OWNERSHIP RESOURCE CENTER, INC.

**DOCUMENT NUMBER:** N06000004244

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

Please return all correspondence concerning this matter to the following:

Aida Caron

(Name of Contact Person)

FLORIDA HOME OWNERSHIP RESOURCE CENTER, INC.

(Firm/Company)

14131 Portrush Dr

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Aida Caron

(Name of Contact Person)

at ( 407 ) 282-4537

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                               |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:  
FLORIDA HOME OWNERSHIP RESOURCE CENTER, INC.

SECOND: The document number of the corporation (if known): N06000004244

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 on \_\_\_\_\_, 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 2/26/2011.

The number of directors in office was 2 and the vote for resolution was 2 for and 0 against. (must be a majority vote)

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FOURTH: Effective date of dissolution if applicable: 3/30/2011  
(no more than 90 days after dissolution file date)

Signature Aida Caron  
(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.)

Aida Caron  
(Typed or printed name of the person signing)

President  
(Title of person signing)

**FILING FEE: \$35**