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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISSOLUTION OR WITHDRAWAL
HARBOR BEACH CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

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14 MAY 20 PM 5:07

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Dissolution w/ Notice

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor Beach Condominium Association, Inc.

DOCUMENT NUMBER: N06000007870

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

Please return all correspondence concerning this matter to the following:

Martha Anderson Hartley, Esquire

(Name of Contact Person)

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

(Firm/Company)

200 South Orange Avenue, Suite 200

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Anderson Hartley at (407) 367-5427

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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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:
Harbor Beach Condominium Association, Inc.

SECOND: The document number of the corporation (if known): N06000007870

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 meeting of members at which the resolution to dissolve was adopted

_____. 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 May 8, 2014

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

FOURTH Effective date of dissolution, if applicable: Date Articles of Dissolution are filed
 (no more than 90 days after dissolution file date)

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)

Nate Lewis

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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PLAN OF DISTRIBUTION OF ASSETS
OF
HARBOR BEACH CONDOMINIUM ASSOCIATION, INC.

This instrument sets forth the Plan of Distribution of the assets ("Plan of Distribution") of Harbor Beach Condominium Association, Inc., a Florida not-for-profit corporation (the "Association"), pursuant to subsections (2) & (3) of Section 617.1406, *Florida Statutes*.

1. **Liabilities.** The only remaining obligations of the Association known to the Board of Directors are pursuant to the Plan of Termination described in Section 2 below and shall be discharged in accordance with Section 2 below.

2. **Termination Distributions.** Any termination distributions held as of the date of adoption of this Plan of Distribution by the Association ("Termination Proceeds"), in its capacity as Termination Trustee under that certain Plan of Termination for Harbor Beach, a Condominium, recorded October 27, 2011, in Official Records Book 10286, Page 5857, of the Public Records of Orange County, Florida (the "Termination Plan") shall be delivered to First American Title Insurance Company or another suitable corporation or entity selected by the Association (the "Escrow Agent") to be held in escrow by the Escrow Agent pursuant to an Escrow Agreement which will prescribe the terms upon which the Termination Proceeds shall be distributed or interplead into a court of appropriate jurisdiction by the Escrow Agent in accordance with the provisions of the Termination Plan and the terms of the Escrow Agreement.

3. **Satisfaction of All Known Claims.** The Termination Proceeds constitute all of the remaining assets of the Association, and no assets of the Association shall be distributed to any Member, Director, Officer, or employee of the Association. The transfer of the Termination Proceeds to the Escrow Agent constitutes reasonable provision for the payment in full of all known claims and obligations of the Association pursuant to Section 517.1408(1), *Florida Statutes*.

4. **Authentication of Plan of Distribution.** This Plan of Distribution was adopted on May 6, 2014, by all of the directors of the Association by written action in lieu of a meeting and complies with the requirements of Section 617.1406(2), *Florida Statutes*.

[SIGNATURE PAGE FOLLOWS]

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IN WITNESS WHEREOF, the undersigned Secretary of the Association has executed this Plan of Distribution.


Nathan S. Lewis, Secretary


STATE OF MICHIGAN)

) s.s.:

COUNTY OF WASHTENAW)

The foregoing instrument was acknowledged before me this 16th day of May, 2014, by Nathan S. Lewis, Secretary of Harbor Beach Condominium Association, Inc., a Florida not-for-profit corporation. Said person ☒ is personally known to me or ☐ produced as identification.

AFFIX NOTARY STAMP OR SEAL:


Notary Public Signature on Above Line
Printed Name: _____
Notary Public, State of _____
My commission expires: _____

MAUREEN O'CONNOR
Notary Public, State of Michigan
County of Wayne
My Commission Expires Apr. 07, 2017
Acting in the County of Washtenaw

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Harbor Beach Condominium Association, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Name of Claimant, Nature of Claim, Amount of Claim and Date
Claim Arose

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mr. Nate Lewis
c/o McKinley, Inc.
320 North Main Street, Suite 200
Ann Arbor, MI 48104

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Nate Lewis

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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