N 08000003427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected Name of Person Signing. Name Omitted

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TALLAHASSEE, FLORIDA

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DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Halfmoon Lake Bottom Owners Association,Inc

DOCUMENT NUMBER: N08000003427

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

Please return all correspondence concerning this matter to the following:

Patricia Higginbotham
(Name of Contact Person)

(Firm/Company)

1620 Oneco Avenue
(Address)

Winter Park Fl 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Higginbotham at (407) 6455180
(Name of Contact Person) (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2014

PATRICIA HIGGINBOTHAM
1620 ONECO AVE.
WINTER PARK, FL 32789

SUBJECT: HALFMOON LAKE BOTTOM OWNERS ASSOCIATION, INC.
Ref. Number: N08000003427

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CHOOSE ONE SELECTION UNDER "THIRD: ADOPTION OF DISSOLUTION". IT SEEMS THAT TWO SECTIONS HAVE BEEN SELECTED. PLEASE CORRECT YOUR DOCUMENT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 914A00002622

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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:

Halfmoon Lake Bottom Owners Association, Inc.

SECOND: The document number of the corporation (if known): N08000003427

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

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TALLAHASSEE, FLORIDA

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 JANUARY 17, 2014. The number of votes cast by the members was sufficient for approval.

QH
Corrected on Feb. 14, 2014

☐ 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 _____.

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

FOURTH Effective date of dissolution, if applicable: January 17, 2014
(no more than 90 days after dissolution file date)

Signature: Linda Alvarez
(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)

Linda A. Alvarez
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: $35