N09000009179

(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Florida Alliar	nce of Community Assoc. Inc
DOCUMENT NUMBER: N0800000917	79
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
DEBORAH HAATAJA-DERATANY	
`	ontact Person)
FLORIDA ALLIANCE OF COMMUN	
P.O. BOX 33626	ompany)
(Add	ress)
INDIALANTIC, FL 32903	
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
DEBORAH HAATAJA-DERATANY	at (321) 591-6934
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	•
	\$43.75 Filing Fee & \$52.50 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 subthit paper following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: FLORIDA ALLIANCE OF COMMUNITY ASSOCIATIONS, INC. The document number of the corporation (if known): N08000009179 SECOND: The file date of the articles of incorporation: 10-2-08 THIRD: FOURTH The corporation has not commenced to conduct its affairs. No debts of the corporation remains unpaid. FIFTH: 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. 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) DEBORAH HAATAJA-DERATANY (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

President

Effective date of dissolution if applicable: DECEMBER 15, 2009 FOURTH:

(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.)

DEBORAH HAATAJA-DERATANY

(Typed or printed name of the person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35