

N09189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/09--01026--009 **43.75

FILED
09 APR 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

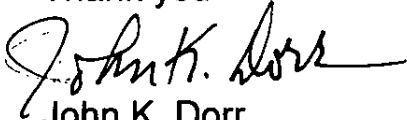
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VOLDIS / mae
REQ 4/27

21 April 2009

I have corrected the attached document and initialed the revisions. If this is not adequate to dissolve the corporation please let me know.

Thank you

A handwritten signature in cursive script, appearing to read "John K. Dorr".

John K. Dorr

Former President of the Lake Loraine Homeowners Association, Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2009

JOHN K. DORR
LAKE LORRAINE HOMEOWNERS ASSOCIATION INC
37 LAKE LORRAINE CIRCLE
SHALIMAR, FL 32579

SUBJECT: LAKE LORRAINE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N09189

We have received your document for LAKE LORRAINE HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation has no members or members entitled to vote, the dissolution must contain a statement to that effect. It must also contain the date of adoption of the resolution by the board of directors- the number of directors then in office, and the vote for the resolution.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 309A00012037

RECEIVED
2009 APR 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Homeowners Assoc.

DOCUMENT NUMBER: UNK.

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

Please return all correspondence concerning this matter to the following:

John K. Dorr

(Name of Contact Person)

Lake Lorraine ~~Circle~~ Home Owners Assoc.

(Firm/Company)

37 Lake Lorraine Circle

(Address)

Shalmar, FL 32579-1617

(City/State and Zip Code)

For further information concerning this matter, please call:

John K. Dorr

(Name of Contact Person)

at (850) 651-2979

(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

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:

Lake Lorraine Homeowners Assoc.

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

THIRD: Adoption of Dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted
1986

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 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)

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TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: 1987
(no more than 90 days after dissolution file date)

Signature John K. Dorr
(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.)

John K. Dorr
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35