## NO9858

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	ısiness Entity Nan	ne)
(Document Number)		
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FEB - 9 2017

## **COVER LETTER**

Division of Corporations		
SUBJECT: DISSOLUTION OF	NON-PROFIT (	CORP
DOCUMENT NUMBER: 1/6 9858	7	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following	c .
PATRICIA PEACOCK ) (Name of C) NORTH	PRES	
NoR TH	Contact Person	a.a., a.d
NORTH COLONIAL COLONY HOMEO'S	WNERS ASSOC Company	CIATION, INC
918 N. COLONIAL CIRCA	E	
(Address)		
DAY TONA BEACH, FL (City/State	32117	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
PATRICIA PEACOCK (Name of Contact Person)	at (386 ) 21	4-8770
(Name of Contact Person)	(Area Code) (Da	nytime Telephone Number
Enclosed is a check for the following amount:		
₩ \$35 Filing Fee  \$43.75 Filing Fee &	□ \$43.75 Filing Fee &	S52.50 Fiting Fee.
Certificate of Status		Certificate of Status &
	(Additional copy is	
	enclosed)	(Additional copy is enclosed)

**MAILING ADDRESS:** 

TO: Amendment Section

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

January 31, 2017

PATRICIA PEACOCK / COLONIAL COLONY NORTH HOMEOWNERS 918 N. COLONIAL CIRCLE DAYTONA BEACH, FL 32117 US

SUBJECT: COLONIAL COLONY NORTH HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N09858

We have received your document for COLONIAL COLONY NORTH HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section I or II, for the adoption of dissolution. You can not complete both. You completed both.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 317A00001952

of crossed out election I and inettaled

TEB-8 R .. F.

TO YMATE:

## ARTICLES OF DISSOLUTION

2017 FEB -8 AH 11:00

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following **Articles of Dissolution**:

riksi:	The name of the corporation as currently filed with the Florida Department of State:
	COLONIAL COLONY NORTH HOMEOWNERS ASSOCIATION, I NO
SECOND:	The document number of the corporation (if knowns: NO9858
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
	<b>SANUARY 23, 2017</b> . The number of votes east 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 PAP 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 _5ANVARY 23, 2017
	The number of directors in office was
FOURTH	Effective date of dissolution. if applicable: SANUARY 33, 20/7  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	Signature: Patricia A. Peacock President  (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 fiduciarys
	PATRICIA A. PEACOCIC
	(Typed or printed name of person signing)  PRESIDENT
	Cliffe of nerson signings

Filing Fee: \$35