

N11 00000 8536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2012

CHRISTINE HARMS  
CREEKSIDE SWIMMING AND DIVING BOOSTER IN  
1845 LOCHAMY LANE  
ST. JOHNS, FL 32259

SUBJECT: CREEKSIDE SWIMMING AND DIVING BOOSTER INC.  
Ref. Number: N11000008536

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):

The dissolution must contain one the following statements: (Note: cannot be authorized by an incorporator if there are directors)

- (1)The dissolution was authorized by a majority of the directors.
- (2)The dissolution was authorized by an incorporator.
- (3)The dissolution was authorized by a majority of the incorporators.

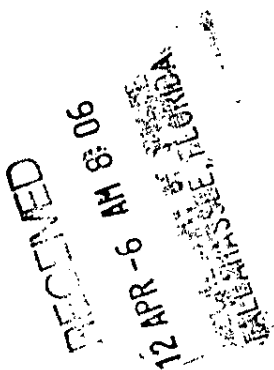
PLEASE CHECK THE FIRST BOX SHOWN UNDER SECTION SIXTH (THE DISSOLUTION WAS AUTHORIZED BY A MAJORITY OF THE DIRECTORS).

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: 112A00010318



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Creekside Swimming and Diving Booster Inc.

**DOCUMENT NUMBER:** N11000008536

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

Please return all correspondence concerning this matter to the following:

Christine Harms

(Name of Contact Person)

Creekside Swimming and Diving Booster Inc.

(Firm/Company)

1845 Lochamy Lane

(Address)

Saint Johns, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Harms

(Name of Contact Person)

at ( 904 ) 654-5577

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Creekside Swimming and Diving Booster Inc.

SECOND: The document number of the corporation (if known): N11000008536

THIRD: The file date of the articles of incorporation: 9-9-2011

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

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)

Christine Harms

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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