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| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
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| (Business Entity Name) | | |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | · |
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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

i.

COVER LETTER

SUBJECT: Dissolution of Sun Valley Activities CLub Corporation (non profit) N15000009653 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maurice B. Lozier or Priscilla L. Kowasic (Name of Contact Person) Sun Valley Activities Club Corporation (Firm/Company) 39248 US Hwy 19 N Lot 333 (Address) Tarpon Springs, Florida 34689 (City/State and Zip Code) For further information concerning this matter, please call: at (727 (Area Code)) 424-3711 or 727 403-8920 (Daytime Telephone Number) Priscilla Kowasic Maurice B. Lozier (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed)

MAILING ADDRESS:

TO: Amendment Section

Division of Corporations

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:

| FIRS I: | the name of the corporation as currently filed with the Florida Department of State: | | | |
|---------|---|--|--|--|
| | Sun Valley Activities Club Corporation | | | |
| SECOND: | The document number of the corporation (if known): N15000009653 | | | |
| 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 | | | |
| | The number of votes cast 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 If the corporation has no members or members entitled to vote on the dissocition: | | | |
| | 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: November 30, 2018 (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: (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) | | | |
| | Maurice B. Lozier Priscilla L. Kowasic | | | |
| | (Typed or printed name of person signing) | | | |
| | Vice President Treasurer/ Registered Agent | | | |
| | (Title of person signing) | | | |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

| This "Notice of Corporate Dissolution" is optional and is no | ot required when filing a voluntary dissolution. |
|--|---|
| Name of Corporation: Sun Valley Activities Club Corporation | |
| Date of dissolution will be the date the dissolution is filed wit of Dissolution. | h the Department of State or as specified in the Articles |
| Description of information that must be included in a claim: | |
| Date of professed claim, name of person(s) business or corporation | associated with said claim, reason for the claim, |
| written or machine producaed receipts and/or other valid docmentat | ion to support the claim. |
| | |
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| | |
| Mailing address where claims can be sent: (Claims cannot be | e sent to the Division of Corporations) |
| Maurice B. Lozier V.P. or Priscilla L. Kowasic Treasurer | |
| 39248 US Hwy 19 N Lot 333 | |
| Tarpon Springs, FL 34689 | |
| | |
| | |
| A claim against the above named corporation will be barred within 4 years after the filing of this notice. | unless a proceeding to enforce the claim is commenced |
| | |
| | an & for Triscith Kowing |
| Printed Name of the Person Filing | Signature of the Person Filing |