To. FL Dept. of State Subject: 000150,40674,2

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

Account Name _: CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)224-1640

DISSOLUTION

STARPOINTE CONDOMINIUM ASSOCIATION, INC.

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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: STARPOINTE CONDOMINIUM ASSOCIATION, INC. SECOND: The document number of the corporation (if known): N17618 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 (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 July 22, 2005 The number of directors in office was 3 and the vote for resolution was ____ for and ____ 0 against. (must be a majority vote)

To: FL Dept. of State
Subject 000150,40674,2

From: Katie Wonsch

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FOURTH: Effective da	ute of dissolution if applicable:		2005	
		(no more than 90 days after	dissolution nie date)	
Signed this	22 day of <u>July</u>		ಎ <u>೦೦ಽ</u> .	
Signature		Ww		
(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.)				
T.R.Beer (Typed or printed name of the person signing)				
	Free (Title of person si	rdent		

FILING FEE: \$35