

N19931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

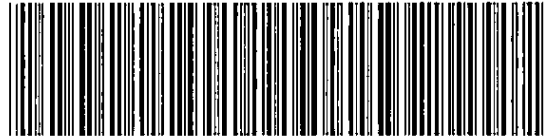
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2023 JUL 27
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RIPTIDE CONDOMINIUM ASSOCIATION INC.

DOCUMENT NUMBER: N19931

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

Please return all correspondence concerning this matter to the following:

SYLVIA VERMEULEN

Name of Contact Person

RIPTIDE CONDOMINIUM ASSOCIATION INC.

Firm/Company

6249 147TH AVE.

Address

HOLLAND MICHIGAN, 49423

City/State and Zip Code

VERMEULENSYLVIA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYLVIA VERMEULEN

Name of Contact Person

at (616) 994-2799

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 617.1404, Florida Statutes, this Florida not for profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is RIPTIDE CONDOMINIUM ASSOCIATION INC.

SECOND: The document number of the corporation (if known) is N19931

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is MARCH 5, 2023

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.

FOURTH: The revocation of dissolution was authorized on MAY 21, 2023

FIFTH: Adoption of revocation of dissolution (check one)

☒ The board of directors revoked the dissolution authorized by the members and revocation was permitted by action by the board of directors alone pursuant to that authorization.

☐ The members revoked the dissolution and the number of votes cast was sufficient for approval.

☐ The members revoked the dissolution by resolution adopted by written consent and executed in accordance with s. 617.0701, Florida Statutes.

☐ The corporation has no members or members with voting rights. Revocation of dissolution was adopted by resolution by the board of directors. The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

☐ The incorporator or majority of the incorporators authorized the dissolution.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature William Anderson
(By the chairman or vice chairman of the board, president or other officer, or by an incorporator, or trustee if applicable)

Typed or Printed Name WILLIAM ANDERSON

Title PRESIDENT

FILING FEE \$35

FILED
Mar 06, 2023
Secretary of State

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:
RIPTIDE CONDOMINIUM ASSOCIATION, INC.

SECOND: The document number of the corporation: N19931

THIRD: The date of the meeting of members at which the resolution to dissolve was adopted February 16, 2023. The number of votes cast by the members was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CHARLENE STUART MEMBER AT LARGE

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative