

N32397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

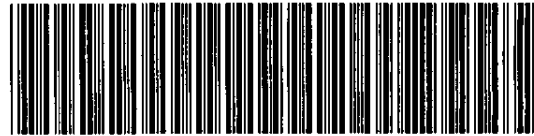
(Business Entity Name)

(Document Number)

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S TALLENT

MAR 08 2017

V/D

FILED  
17 MAR -6 PM 4:20  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2017

CAROL FLANNERY  
PRESIDENT OAK HARBOR HOA GROUP  
302 OAK HARBOR DRIVE-OAK HARBOR C.P.  
HAINES CITY, FL 33844

SUBJECT: OAK HARBOR OF HAINES CITY MOBILE HOMEOWNERS  
ASSOCIATION, INC.  
Ref. Number: N32397

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):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

IN SECTION I, PLEASE CHECK ONLY ONE BOX.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 917A00002828

RECEIVED  
17 MAR -6 PM 12:48  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF OAK HARBOR H.O.A. GROUP

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CAROL FLANNERY

(Name of Contact Person)

PRESIDENT OAK HARBOR H.O.A. GROUP

(Firm/Company)

302 OAK HARBOR DRIVE - OAK HARBOR C.P.

(Address)

HAINES CITY FLORIDA 33844

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL FLANNERY

(Name of Contact Person)

at ( 614 )

(Area Code)

681 9323

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$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  
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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
OAK HARBOR ~~INC.~~ OF HAINES CITY MOBILE HOMEOWNERS ASSOCIATION, INC.

SECOND: The document number of the corporation (if known): ? N37397

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

JAN. 19 2017. The number of votes cast by the members was sufficient for approval. QUORUM MAJORITY

☐ 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 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 \_\_\_\_\_.

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: MARCH 21 2017  
(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: Carol Flannery  
(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)

CAROL FLANNERY  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35