

N46752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

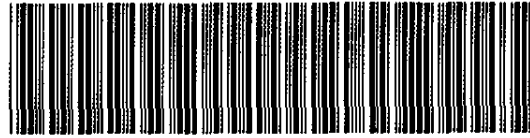
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400213861454

11/07/11--01015--013 \*\*35.00

FILED  
2011 NOV -7 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dios.

TBrown

11-9-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of a corporation

**DOCUMENT NUMBER:** N 46752

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

Please return all correspondence concerning this matter to the following:

MARTIN H. Sullivan, President  
(Name of Contact Person)  
PORT SAINT JOHN SENIORS INC. (A not for profit Corporation)  
(Firm/Company)  
6280 AINSWORTH RD  
(Address)  
Cocoa (Port St John) FL 32927  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sullivan, Brigitte at (321) 634-5948  
(Name of Contact Person) Treasurer (Area Code & 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

FILED  
2011 NOV -7 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

Port Saint John Senior's Inc.

SECOND: The document number of the corporation (if known): N 46752

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 the meeting of members at which the resolution to dissolve was adopted

Sept 26, 2011, Oct 24, 11 mentioned again  
The number of votes cast by the members was sufficient for approval. - All in favor - then phone call was made to all absent member on Nov 2, 11 - 18 out of 18

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. *in favor of dissolving*

*Our members are just too old - No one wants to be president, vice president, treasurer or secretary -*

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)

*plus all 18 voted by phone call to close  
Most of them cannot even come to the  
meetings they are sick or DR Apt. !  
Vice president & secretary have not attended  
a meeting since March 2011. Called them  
11/2/11 they both said Close the association*

FOURTH: Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature Martin H. Sullivan

(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.)

Martin H. Sullivan  
(Typed or printed name of the person signing)

President  
(Title of person signing)

Sworn to and subscribed before me this  
3 day of November, 2011

by Martin H. Sullivan

Signature of Notary Public

Brenda M. Robinson

Notary's Name, Printed, Stamped or Typed

Personally Known \_\_\_\_\_ or Produced ID ✓

Type of ID produced 3415-548-21-423-0

FILING FEE: \$35

