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I hope the way I filled
these papers out is OK.

There are no more members
or directors. As of last year
2023 there was only myself
and the president. The president
passed away last year leaving
only me and I don't want
to do this any more. So, I
am filing Articles of
Dissolution.

Thank you for your
help

I didn't want to just let
this go and ignore the
filings

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: N94000003874

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

Please return all correspondence concerning this matter to the following:

Maxine Enkey

(Name of Contact Person)
Old Tavernier Cove Neighborhood Association, Inc

(Firm/Company)
190 Atlantic Cr Dr

(Address)
Tavernier FL 33070

(City/State and Zip Code)

For further information concerning this matter, please call:

Maxine Enkey at (305) 852 2022

(Name of Contact Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:
Old Tavernier Cove Neighborhood Association, Inc

SECOND: The document number of the corporation (if known): N94000003874

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 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 ⁰_____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 04/01/2024
(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: Maxine Enkey
(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)

Maxine Enkey

(Typed or printed name of person signing)

Treasurer ad hoc

(Title of person signing)

Filing Fee: \$35

FILED
2024 APR 23 PM 1:00
STATE
OF FLORIDA