

N95000000603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

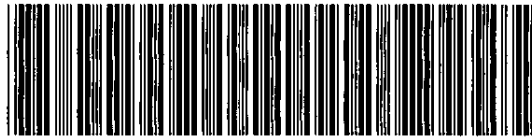
(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

08 APR 21 PM 2:23

FILED

APR 28 2008

T. Robert Roberts APR 28 2008

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution of HOA

DOCUMENT NUMBER: 195000000603

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

Please return all correspondence concerning this matter to the following:

Sheela La Fournie  
(Name of Contact Person)  
Pedalers Pond HOA  
(Firm/Company)  
1960 Pedalers Pond Blvd  
(Address)  
Lake Wales FL 33859  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheela La Fournie at (403) 439-4357  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**

08 APR 21 PM 2:22  
 Corporation submits the following

corporation submits the following:

Pedalers Pond Home Owners Association  
 The document number of the corporation (if known) 199500000003 INC.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the incorporators.

Signature:

(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)

Sheila LaPanne  
(Typed or printed name of person signing)

Sec/Treasurer  
(Title of person signing)

**Filing Fee: \$35**