

N32397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

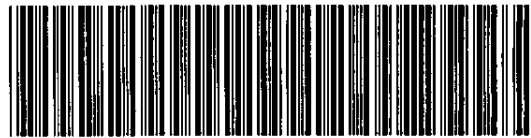
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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MAR 08 2017

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

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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
TALL

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.

FILED
MAR - 6 PM 4:00
TALLAHASSEE, FLORIDA

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 31 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)