



**Common Interest Community Board
 TRANSITION OF UNIT OWNERS' ASSOCIATION CONTROL NOTIFICATION FORM**

Virginia Common Interest Community Board Condominium Registration Number

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Name of Condominium Project _____

Name of Declarant _____

Declarant's Mailing Address _____

City

State

Zip Code

In accordance with 18 VAC 48-30-560 of the Condominium Regulations, the Declarant for this registered condominium provides notification to the Common Interest Community Board that control of the condominium unit owners' association has transitioned from the Declarant to the unit owners.

Date of Transition _____

Unit Owners' Association Contact Information:

Association Name _____

Provide the name and contact information for either (i) the members of the board of directors of the unit owners' association, or (ii) the association's common interest community manager.

Unit Owners' Association Board of Directors

Name	Position	Address

Management Company Name _____

Contact Person/Title _____

Mailing Address _____

City

State

Zip Code

Contact Number _____

Email Address _____

The Declarant certifies the information provided on this form is true and accurate, and acknowledges that providing false information or may result in action by the Board, to include issuance of a temporary cease and desist order in accordance with § 55.1-1986 of the Code of Virginia.

Printed Name of Signatory _____

Relationship to Declarant _____

Signature _____

THIS FORM MAY ONLY BE EXECUTED BY THE DECLARANT OR ITS AUTHORIZED AGENT.