USF ONLY

A492-0550REG-v8

07/01/2020



## **Common Interest Community Board** COMMON INTEREST COMMUNITY ASSOCIATION REGISTRATION APPLICATION

## A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

|               |  | Γ                             | Numbe         | er of Un   | of Units/Lots    |             | Fee                    | ;                  |              |              |
|---------------|--|-------------------------------|---------------|------------|------------------|-------------|------------------------|--------------------|--------------|--------------|
|               |  | -                             | 1             | -          | 50               |             | \$                     | 45                 |              |              |
|               |  |                               | 51            | -          | 100              |             | \$                     | 65                 |              |              |
|               |  |                               | 101           | -          | 200              |             | \$                     | 100                |              |              |
|               |  |                               | 201           | -          | 500              |             | \$                     | 135                |              |              |
|               |  |                               | 501           | -          | 1000             |             | \$                     | 145                |              |              |
|               |  |                               | 1001          | -          | 5000             |             | \$                     | 165                |              |              |
|               |  |                               | 5001+         |            |                  |             | \$                     | 180                |              |              |
|               |  |                               | ŀ             | Applicat   | tion Fee         |             |                        |                    |              |              |
|               |  |                               |               | Recove     | ery Fund         |             | +                      | 25                 |              |              |
|               |  |                               |               | TOTAL      | FEES             |             | \$                     |                    |              |              |
| 1.            | Has this associa<br>No<br>Yes If                     | ation previou<br>yes, enter t |               |            | Г                | e Virgir    | nia Common Int         | erest Comm         | nunity Board | ?            |
| 2.            | Full Name of As                                      |                               | 0             |            | L                |             |                        |                    |              |              |
| 3.            | Name of Subdivision/Community (if different from #2) |                               |               |            |                  |             |                        |                    |              |              |
| 4.            | Number used when filing                              |                               |               |            |                  |             |                        |                    |              | •            |
| 5.            | Name of Contac                                       | ct Person (to                 | receive Board | correspor  | ndence on behali | f of the as | sociation)             |                    |              |              |
| 6.            |  |                               |               |            |                  |             |                        |                    |              |              |
|               |  | 5                             |               |            |                  |             |                        |                    |              |              |
|               |  |                               |               | City       |                  |             |                        |                    | State        | Zip Code     |
| 7.            | Contact Numbe  | rs                            | Drimon        | Telephone  |                  |             | Alternate Telephon     |                    |              | Fax          |
| 0             | Contact Person                                       | o Emoil Ada                   | •             | reiephoni  | 0                |             | Alternate Telephon     | C                  |              | T dA         |
| 8.            | Contact Person                                       |                               |               | dress of t | he Contact Perso | on will app | ear on the certificate | of filing issued b | v the Board. |              |
| ٨٠٠٢          | ciation Informat                                     |                               | Ũ             |            |                  |             |                        | Ū                  | •            |              |
| 9.            | Type of Associa                                      |                               |               |            |                  |             |                        |                    |              |              |
| 0.            | Property Owr   |                               | Condon        | ninium     | Unit Owners      |             | Proprietar             | y Lessees' (       | Cooperative  | <i>n</i> □   |
|               | i toperty Own  |                               | CONCOL        | miun       |                  | •           | riophetai              | , 2000000 (        |              | <i>'</i> / L |
|               |  |                               |               |            |                  |             |                        |                    |              |              |
|               |  |                               |               |            |                  |             |                        |                    |              |              |
|               | DATE   | FEE                           | TRANS C       | ODE        | ENTITY #         |             | F                      | ILE #/LICENSE #    |              | ISSUE DATE   |
| OFFICE<br>USE |  |                               | 102           | 0          |                  |             | 0550                   |                    |              |              |

| 10. | Is the Association incorporate  | d? No 🗌  | Yes  |   |  |   |   |  |   |  |   |   |  |
|-----|---|--|--|---|--|---|---|--|---|--|---|---|--|
|     |   |  | lf yes, ent  | er the State  | e Cor  | poration  | Commiss   | sion No  | ).  |  |   |   |  |
| 11. | Declaration Recorded (MM-Y  | City/Coun  | City/County where Declaration Recorded   |   |  |   |   |  |   |  |   |   |  |
| 12. | Total Number of Units/Lots Zip Code of Association  |  |  |   |  |   |   |  |   |  |   |   |  |
| 13. | Is the Association under Decla  | arant Control?   | Yes 🗌  | No  | ]  |   |   |  | _   |  |   |   |  |
|     |   |  |  | lf no,  | date   | associa   | ation tran  | sferre   | d to o  | wner   | s   |   |  |
| 14. | Website Address of Association  | on (if available)  |  |   |  |   |   |  |   |  |   |   |  |
| 15. | Indicate how the community a Self-managed (i.e., res Managed by an emplo Under contract with a Name of Management   | sident, volunteer<br>yee of the asso<br>common interes   | r, etc.)<br>ciation  | y manage  | r  | lf under  | contract,   | provide  | e the f   | ollowi   | ng info   | ormati  | on:  |
|     | Name of Management  |  |  | Γ   |  |   |   |  |   |  |   |   |  |
|     | Common Interest Com   | imunity Manage   | r License N  | umber   | 0  | 5   | 0 1   |  |   |  |   |   |  |
| 16. | Regulations 18 VAC 48-70-3<br>complaint procedure has bee<br><i>Note: Any association that</i><br><i>complaint procedure establish</i><br>Yes<br>No<br>I, the undersigned represent<br>answers are true and I have<br>application. I certify that I h<br>provisions of Title 54.1, Chapt<br>related Virginia Common Inter | 2354.4(A) of the<br>0 and 18 VAC<br>n or will be esta<br>has been delin<br>hed and adopted<br>ative or authori<br>e not suppressent<br>have read, under<br>ter 23.3, and Tit | e Code of<br>48-70-40, c<br>ablished and<br>quent in re<br>d by the gov<br>zed agent f<br>ed any info<br>erstood and<br>le 55.1, Cha | Virginia a<br>lo you ce<br>d adopted<br>gistering<br>erning boo<br>for the as<br>rmation th<br>d complie<br>apter 18, ( | rtify o<br>by th<br>and<br>ard a<br>ssocia<br>nat m<br>d wit | on beha<br>he gove<br>filing a<br>t the tin<br>ation, c<br>hight af<br>h all th | alf of the<br>erning bo<br>nnual re<br>ne of this<br>ertify that<br>fect the<br>ne laws | e asso<br>pard w<br>ports<br>filing.<br>at the<br>Boarc<br>of Virg | ciation<br>ithin<br><i>must</i><br>foreg<br>I's de<br>ginia | n that<br>90 da<br><i>have</i><br>oing<br>ecisior<br>under | t an a<br>ays of<br><i>an a</i><br>state<br>n to a<br>r the | assoc<br>this f<br>assoc<br>ments<br>accep<br>appli | tiation<br>filing?<br><i>ciation</i><br>s and<br>ot this<br>icable |
|     | Signature of Representative   |  |  |   |  |   |   |  |   |  |   |   |  |
|     | Printed Name of Representati<br>Representative's Title  | Date   |  |   |  |   |   |  |   |  |   |   |  |
|     | MEMB  |  | n additional s<br>ting, within 3   | sheets of  <br>0 days of  | baper<br>any d   | r with th<br>change   | e certific  | ERS<br>ate nu<br>ss, cha   | mber)<br>ange o   | of mer   |   |   |  |
|     | Name  | Title  | ,  | Add   |  |   |   |  | ddress  |  |   |   |  |
|     |   |  |  |   |  |   |   |  |   |  |   |   |  |
|     |   |  |  |   |  |   |   |  |   |  |   |   |  |
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|     |   |  |  |   |  |   |   |  |   |  |   |   |  |