

Submission Cover Sheet

For faster service, file online at <u>bizfileOnline.sos.ca.gov</u>.

Instructions:

- Complete and include this form with your paper submission. This information only will be used to communicate in writing about the submission, if needed. This form will be treated as correspondence and will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In person submissions (excluding Statements of Information): \$15 handling fee; do not include a \$15 handling fee when submitting documents by mail.
- Standard processing time for submissions to this office is approximately 5 business days from receipt. All submissions are reviewed in the date order of receipt with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.

Optional Copy and Certification Fees:

- If applicable, include optional certification fees with your submission.
- For applicable certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name:	Last Name:
Phone (optional):	
Entity Information: (Please type or print legil	oly)
Name:	
Entity Number (if applicable):	
Address:	
Comments	

ALFORMUTE OF	Secretary of State Statement by Common Interest Development Association	SI-CID	
Fees - \$15.00 Certification I	; Fee (Optional) - \$5.00		This Space For Office Use Only
1a. Name of A	Association		1b. Secretary of State Entity Number
	e-named Association is formed to manag nterest development under the following one):		2b. The above-named Association is (select only one):
	rling Common Interest Development Act. e items: 1-9)		Incorporated Unincorporated
	cial and Industrial Common Interest Develop e items: 1-4 and 6-9)	oment Act.	

3. Street Address of the Business or Corporate Office of the Association, if any

Street Address – Do not list a P.O. Box	City (no abbreviation)	State	Zip Code	Telephone Number

 Street Address of Association's Onsite Office (If different from the street address of the business or corporate office or, if no onsite office, the address of the Association's Responsible Officer or Managing Agent of the Association.)

Street Address – Do not list a P.O. Box	City (no abbreviation)	State	Zip Code
If the address listed above is that of the Responsible Officer of the Association, check the following box:	Telephone Number or	Email A	ddress

5. President of the Association - Davis-Stirling Associations ONLY (Name, address and either the daytime telephone number or email address. The address and telephone number must be different from the address and telephone number of the Association's Onsite Office or Managing Agent. Note: Commercial and Industrial Associations do not need to provide this information.)

Name	Telephone Number or Ema	il Address
Address	City (no abbreviation) Sta	ie Zip Code

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6. Association's Managing Agent, if any (Name, street address, and daytime telephone number. For Davis-Stirling Associations, the address and telephone number **must be different** from the address and telephone number of the President of the Association.)

Name		Telephone Number	
Street Address – Do not list a P.O. Box	City (no abbreviation)	State	Zip Code

7. Physical Location of the Common Interest Development

Front Street	Nearest Cross Street
City (If in an unincorporated area, enter the city closest in proximity.)	County or Counties

 Type of Common Interest Development Managed by the Association - Check the applicable box: (At least one of the types listed below must be checked. If Davis-Stirling Common Interest Development, refer to California Civil Code section <u>4100</u> for definitions. If Commercial and Industrial Common Interest Development, refer to California Civil Code section <u>6534</u> for definitions.)

Community Apartment Project (Note: A Commercial and Industrial Development cannot be a Community Apartment Project.)

Condominium Project

Planned Development

Stock Cooperative

9. Separate Interests (Note: Must have at least one Separate Interest. Do not enter zero or none, and do not leave blank.)

Number of Separate Interests in the Development

Read, sign and date below The information contained herein is true and correct.

Type or Print Name of Person Completing the Form Title

Signature