



Colorado Secretary of State  
 Date and Time: 05/13/2008 02:27 PM  
 Id Number: 20081263309  
 Document number: 20081263309

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**Articles of Incorporation for a Nonprofit Corporation**

filed pursuant to §7-90-301, et seq. and §7-122-101 of the Colorado Revised Statutes (C.R.S)

1. Entity name:

Castle Valley Ranch Townhomes Association, Inc.

*(The name of a nonprofit corporation may, but need not, contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "ltd." §7-90-601, C.R.S.)*

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- "bank" or "trust" or any derivative thereof
- "credit union"       "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

100 Inverness Terrace East

*(Street name and number)*

Suite 110

Englewood

*(City)*

CO

*(State)*

80112

*(Postal/Zip Code)*

United States

*(Country – if not US)*

*(Province – if applicable)*

4. Principal office mailing address:  
 (if different from above)

*(Street name and number or Post Office Box information)*

*(City)*

*(State)*

*(Postal/Zip Code)*

*(Province – if applicable)*

*(Country – if not US)*

5. Registered agent: (if an individual):

Rechlitz

*(Last)*

Anthony

*(First)*

J.

*(Middle)*

*(Suffix)*

**OR** (if a business organization):

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

116 Inverness Drive East

*(Street name and number)*

Suite 255

Englewood

*(City)*

CO

*(State)*

80112

*(Postal/Zip Code)*

8. Registered agent mailing address:  
 (if different from above)

*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
\_\_\_\_\_  
*(Province – if applicable)* *(Country – if not US)*

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

\_\_\_\_\_  
*(mm/dd/yyyy)*

10. (Optional) Delayed effective date:

\_\_\_\_\_  
*(mm/dd/yyyy)*

11. Name(s) and address(es) of incorporator(s): (if an individual)

**Staples** **Teresa**  
\_\_\_\_\_  
*(Last)* *(First)* *(Middle)* *(Suffix)*

**OR** (if a business organization)

**116 Inverness Drive East**  
\_\_\_\_\_  
*(Street name and number or Post Office Box information)*  
**Suite 255**  
\_\_\_\_\_  
**Englewood** **CO** **80112**  
\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
**United States**  
\_\_\_\_\_  
*(Province – if applicable)* *(Country – if not US)*

(if an individual)

\_\_\_\_\_  
*(Last)* *(First)* *(Middle)* *(Suffix)*

**OR** (if a business organization)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
**United States**  
\_\_\_\_\_  
*(Province – if applicable)* *(Country – if not US)*

(if an individual)

\_\_\_\_\_  
*(Last)* *(First)* *(Middle)* *(Suffix)*

**OR** (if a business organization)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City)* *(State)* *(Postal/Zip Code)*  
**United States**  
\_\_\_\_\_  
*(Province – if applicable)* *(Country – if not US)*

(If more than three incorporators, mark this box  and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.
13. The corporation will  **OR** will not  have voting members.
14. A description of the distribution of assets upon dissolution is attached.
15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box  and include an attachment stating the additional information.

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16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Staples	Teresa		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
116 Inverness Drive East			
<i>(Street name and number or Post Office Box information)</i>			
Suite 255			
Englewood	CO	80112	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
	United States		
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>		

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

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[Attachment 1](#)

Attachment to Articles of Incorporation