



Colorado Secretary of State  
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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:

**CROSSROADS PLAZA OWNERS ASSOCIATION**

*(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:

**7400 Sunrise Ridge**

*(Street name and number)*

**Loveland**

*(City)*

**CO**

*(State)*

**80538**

*(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):

**Wenta**

*(Last)*

**Phillip**

*(First)*

**B.**

*(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:

**100 Rock Bridge Court**

*(Street name and number)*

**Windsor**

*(City)*

**CO**

*(State)*

**80550**

*(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)

**Peterson** **Troy** **R.**  
*(Last)* *(First)* *(Middle)* *(Suffix)*

**OR** (if a business organization)

**7400 Sunrise Ridge**  
*(Street name and number or Post Office Box information)*

**Loveland** **CO** **80538**  
*(City)* *(State)* *(Postal/Zip Code)*  
**United States**  
*(Province – if applicable)* *(Country – if not US)*

(if an individual)

**Wenta** **Phillip** **B.**  
*(Last)* *(First)* *(Middle)* *(Suffix)*

**OR** (if a business organization)

**100 Rock Bridge Court**  
*(Street name and number or Post Office Box information)*

**Windsor** **CO** **80550**  
*(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.

**Notice:**

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

Cuypers	Charles	J.
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
1008 Centre Ave.		
<i>(Street name and number or Post Office Box information)</i>		
Fort Collins	CO	80526
<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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*Questions? Contact the Business Division. For contact information, please visit the Secretary of State's web site.*

## Click the following links to view attachments

Attachment 1

Attachment to Articles of Incorporation

Attachment to Articles of Incorporation  
of  
Crossroads Plaza Owners Association

Distribution of Assets Upon Dissolution. Upon the dissolution of the Corporation, the Executive Board shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation as required by Colorado law and the Internal Revenue Code.

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,  
according to the records of this office,  
CROSSROADS PLAZA OWNERS ASSOCIATION

is a  
Nonprofit Corporation

formed or registered on 04/06/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061149403 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/10/2007 that have been posted, and by documents delivered to this office electronically through 01/16/2007 @ 09:55:21 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/16/2007 @ 09:55:21 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6677652 .



A handwritten signature in black ink that reads "Mike Coffman".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

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