



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:

Blue Mountain Vista Homeowners 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, make the applicable selection):*

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

3. Principal office street address:

8630 Crimson Clove Lane

*(Street name and number)*

Longmont

*(City)*

CO

*(State)*

80503

*(Postal/Zip Code)*

United States

*(Province – if applicable)*

*(Country – if not US)*

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):

Little

*(Last)*

Christine

*(First)*

M

*(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:

8630 Crimson Clove Lane

*(Street name and number)*

Longmont

*(City)*

CO

*(State)*

80503

*(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):

**Little** **Christine** **M**  
*(Last) (First) (Middle) (Suffix)*

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

**8630 Crimson Clove Lane**  
*(Street name and number or Post Office Box information)*  
\_\_\_\_\_  
**Longmont** **CO** **80503**  
*(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:

Little	Christine	M
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
8630 Crimson Clove Lane		
<i>(Street name and number or Post Office Box information)</i>		
Longmont	CO	80503
<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

Articles of Incorporation for a Nonprofit Corporation:

### BLUE MOUNTAIN VISTA HOMEOWNERS ASSOCIATION

14. The distribution of assets on dissolution will be governed by the applicable provisions of the Declaration of Covenants, Conditions and Restrictions of Blue Mountain Vista Homeowners Association, the Bylaws of Blue Mountain Vista Homeowners Association and C.R.S. § 38-33.3-218.



Colorado Secretary of State  
 Date and Time: 07/09/2012 02:49 PM  
 ID Number: 20051225347

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**Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number

20051225347

1. Entity name

Blue Mountain Vista Homeowners Association  
*(If changing the name of the corporation, indicate name BEFORE the name change)*

2. New Entity name  
 (if applicable)

Monte Cielo Homeowners Association

3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

Other amendments are attached.

4. If the nonprofit corporation's period  
 of duration as amended is less than  
 perpetual, state the date on which the  
 period of duration expires

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

**OR**

If the nonprofit corporation's period of duration as amended is perpetual, mark this box

5. *(Optional)* Delayed effective date

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

6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box  and include an attachment stating the additional information.

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This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

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

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

225 Canyon Blvd.  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_

Boulder                                      CO                      80302  
*(City)*    *(State)*    *(Postal/Zip Code)*

\_\_\_\_\_

\_\_\_\_\_                                      United States  
*(Province – if applicable)*                                      *(Country – if not US)*

*(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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