


Courtyards at Normandy State Documents

- 1. Certificate of Formation**
- 2. Certificate of Correction**
- 3. Texas Franchise Tax Public Information Report**
- 4. Franchise Tax Account Status as of 05/22/2014**

<p>Form 202 (Revised 05/11)</p> <p>Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512/463-5709 Filing Fee: \$25</p>	 <p>Certificate of Formation Nonprofit Corporation</p>	<p style="text-align: right;">This space reserved for office use.</p> <p style="text-align: center;">FILED In the Office of the Secretary of State of Texas FEB 07 2012 Corporations Section</p>
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Article 1 – Entity Name and Type

The filing entity being formed is a nonprofit corporation. The name of the entity is:

The Courtyards at Normandy Homeowners Association, Inc.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

A. The initial registered agent is an organization (cannot be entity named above) by the name of:

Mehrdad Moayed

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Mehrdad

Moayed

First Name

M.I.

Last Name

Suffix

C. The business address of the registered agent and the registered office address is:

1221 N. Interstate 35 E, Suite 200

Carrollton

TX

75006

Street Address

City

State

Zip Code

Article 3 – Management

The management of the affairs of the corporation is vested in the board of directors. The number of directors constituting the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting of members or until their successors are elected and qualified are as follows:

A minimum of three directors is required.

Director 1				
<u>Mehrdad</u>		<u>Moayed</u>		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<u>1221 N. Interstate 35 E, Suite 200</u>	<u>Carrollton</u>	<u>TX</u>	<u>75006</u>	<u>USA</u>
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Director 2				
Michael		Dees		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
1221 N. Interstate 35 E, Suite 200	Carrollton	TX	75006	USA
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Director 3				
Victor		Tannous		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
1221 N. Interstate 35 E, Suite 200	Carrollton	TX	75006	USA
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

OR

The management of the affairs of the corporation is to be vested in the nonprofit corporation's members.

Article 4 – Membership

(See instructions. Do not select statement B if the corporation is to be managed by its members.)

- A. The nonprofit corporation shall have members.
- B. The nonprofit corporation will have no members.

Article 5 – Purpose

(See instructions. This form does not contain language needed to obtain a tax-exempt status on the state or federal level.)

The nonprofit corporation is organized for the following purpose or purposes:

Create Homeowner's Association for property management & upkeep

The following text area may be used to include any additional language or provisions that may be needed to obtain tax-exempt status.

Supplemental Provisions/Information
(See instructions.)

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer:

Mehrdad Moayedi

Name

1221 N. Interstate 35 E, Suite 200

Carrollton

TX

75006

Street or Mailing Address

City

State

Zip Code

Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: 02/07/2012



Signature of organizer

Mehrdad Moayedi

Printed or typed name of organizer

Form 403
(Revised 12/09)

Submit in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512/463-5709
Filing Fee: \$15



Certificate of Correction

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas
MAR 22 2012
Corporations Section

Entity Information

1. The name of the filing entity is:

The Courtyards at Normandy Homeowners Association Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 0801546994

Filing Instrument to be Corrected

2. The filing instrument to be corrected is : Certificate of Formation

The date the filing instrument was filed with the secretary of state: 02/07/2012

mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

The entity name is inaccurate or erroneously stated. The corrected entity name is:

The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
 (Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

Essex HOA Management LLC

OR

B. The registered agent is an individual resident of the state whose name is:

<i>First</i>	<i>Middle</i>	<i>Last Name</i>	<i>Suffix</i>
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The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

1221 N. Interstate 35 E, Ste 112

Carrollton

TX 75006

Street Address (No P.O. Box)

City

State Zip Code

The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

[Empty text box for purpose correction]

The period of duration of the entity is inaccurate or erroneously stated.

The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

Other errors and corrections. The following inaccuracies and errors in the filing instrument are corrected as follows:

Add Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

[Empty text box for adding provisions]

Alter The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

[Empty text box for altering provisions]

Delete Each of the provisions identified below was included in error and should be deleted.

[Empty text box for deleting provisions]

Defective Execution The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

<i>Entity name</i>	<i>SOS file number</i>
<i>Entity name</i>	<i>SOS file number</i>

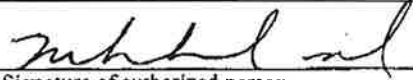
Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 03/22/12

By: 
Signature of authorized person

Mehrdad Moayed
Printed or typed name of authorized person (see instructions)

00017455122

Filing Number: 801546994

Texas Franchise Tax Public Information Report

FIELD MAIL

13142313509



Comptroller of Public Accounts FORM 05-102 (Rev.11-12/31)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise



Taxpayer number

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

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2 0 1 3

Taxpayer name: THE COURTYARDS AT NORMANDY HOMEOWNERS ASSOCIATION
Mailing address: 1221 N. I 35 E. SUITE 112
City: CARROLLTON State: TX ZIP Code: US Plus 4: 801546994

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

3204688816313

Table with 4 columns: Name, Title, Director (YES/NO), Term expiration (m m d d y y). Rows for MERHDAD MOAYEDI, VICTOR TANOUS, and MICHAEL DEES.

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Table with 4 columns: Name of owned (subsidiary) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of ownership.

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Table with 4 columns: Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of ownership.

Registered agent and registered office currently on file. Agent: ESSEX ASSOCIATION MANAGEMENT LP Office: 1221 N. I 35 E. SUITE 112 City: CARROLLTON State: TX ZIP Code: 75006

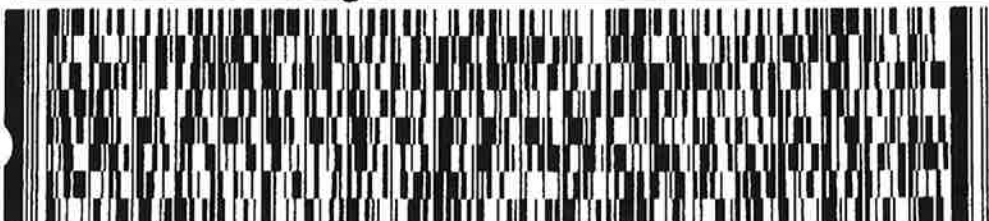
The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Signature: [Handwritten Signature] Title: REG AGENT Date: 5/6/2013 Area code and phone number: (972) 428-2030

Texas Comptroller Official Use Only

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Franchise Tax Account Status

As of: 05/22/2014 11:09:14 AM

This Page is Not Sufficient for Filings with the Secretary of State

THE COURTYARDS AT NORMANDY HOMEOWNERS ASSOCIATION,	
Texas Taxpayer Number	32046888163
Mailing Address	1221 N INTERSTATE 35E STE 200 CARROLLTON, TX 75006-3806
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	02/07/2012
Texas SOS File Number	0801546994
Registered Agent Name	ESSEX HOA MANAGEMENT LLC
Registered Office Street Address	1221 N. INTERSTATE 35 E, SUITE 200 CARROLLTON, TX 75006