



Secretary of State
Business Programs Division

Business Entities

1500 11th Street, Sacramento, CA 95814

P.O. Box 944260, Sacramento, CA 94244-2600

Submission Cover Sheet

For faster service, file online at bizfileOnline.sos.ca.gov.

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: KATHERINE Last Name: MILLS

Phone (optional): 619-299-6899

Entity Information: (Please type or print legibly)

Name: VILLA TEMPRA OWNERS' ASSOCIATION, INC.

Entity Number (if applicable): C0871540

Address: _____

Comments _____



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

This form is due within 90 days of initial registration and every two years thereafter.

Filing Fee – \$20.00

Certification Fee (Optional) – \$5.00

1. **Corporation Name** (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

VILLA TEMPRA OWNERS' ASSOCIATION, INC.

This Space For Office Use Only

2. **7-Digit Secretary of State Entity Number**

C0871540

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
7007 Mission Gorge Road. Suite 201	San Diego	CA	92120
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
PO Box 602090	San Diego	CA	92160-2090

4. Officers The Corporation is required to enter the names and addresses of **all** three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ First Name	Middle Name	Last Name	Suffix
MAURICIO		CHAMAT	
Address	City (no abbreviations)	State	Zip Code
1335 LA TEMPRA CORTE	CHULA VISTA	CA	91911
b. Secretary/ First Name	Middle Name	Last Name	Suffix
JUAN		CUEVA	
Address	City (no abbreviations)	State	Zip Code
1349 TEMPRA CORTE	CHULA VISTA	CA	91911
c. Chief Financial Officer/ First Name	Middle Name	Last Name	Suffix
DAWN		REDD	
Address	City (no abbreviations)	State	Zip Code
1335 CALLE TEMPRA	CHULA VISTA	CA	91911

5. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Neal	Middle Name P.	Last Name Chazin	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 7007 MISSION GORGE RD. #201	City (no abbreviations) San Diego	State CA	Zip Code 92120

CORPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 5a or 5b

6. Common Interest Developments

<input checked="" type="checkbox"/> Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a).

7. Email Notifications

Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail.

Yes, I opt-in to receive entity notifications via email. Email Address: info@apsmanagement.com

To change your option after filing, you must submit a new complete Statement of Information.

The Information contained herein, including in any attachments, is true and correct.

1/31/23 Katherine Mills Preparer *K. Mills*
Date Type or Print Name Title Signature



Secretary of State
Statement by Common Interest
Development Association

SI-CID

Fees - \$15.00;
Certification Fee (Optional) - \$5.00

This Space For Office Use Only

1a. Name of Association

VILLA TEMPRA OWNERS' ASSOCIATION, INC.

1b. Secretary of State Entity Number

C0871540

2a. The above-named Association is formed to manage a common interest development under the following law (select only one):

Davis-Stirling Common Interest Development Act.
 (Complete items: 1-9)

Commercial and Industrial Common Interest Development Act.
 (Complete items: 1-4 and 6-9)

2b. The above-named Association is (select only one):

Incorporated

Unincorporated

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
7007 MISSION GORGE RD STE. 201	San Diego	CA	92120	(619) 299-6899

4. 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
7007 MISSION GORGE RD STE. 201	San Diego	CA	92120
If the address listed above is that of the Responsible Officer of the Association, check the following box: <input type="checkbox"/>	Telephone Number or Email Address (619) 299-6899		

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 Email Address		
MAURICIO CHAMAT	619-342-6899		
Address	City (no abbreviation)	State	Zip Code
1335 LA TEMPRA CORTE	CHULA VISTA	CA	91911

- CONTINUE ON NEXT PAGE -
 (Page 1 of 2)

**Statement by Common Interest Development Association
(Page 2 of 2)**

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 Neal P. Chazin		Telephone Number (619) 299-6899	
Street Address – Do not list a P.O. Box 7007 MISSION GORGE RD. #201	City (no abbreviation) San Diego	State CA	Zip Code 92120

7. Physical Location of the Common Interest Development

Front Street LA TEMPRA CORTE	Nearest Cross Street PALOMAR STREET
City (If in an unincorporated area, enter the city closest in proximity.) San Diego	County or Counties San Diego

8. 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 4100 for definitions. If Commercial and Industrial Common Interest Development, refer to California Civil Code section 6534 for definitions.)

<input type="checkbox"/> Community Apartment Project (Note: A Commercial and Industrial Development cannot be a Community Apartment Project.)
<input checked="" type="checkbox"/> Condominium Project
<input type="checkbox"/> Planned Development
<input type="checkbox"/> 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 36

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

1/31/23Q KATHERINE MILLS Preparer *K. Mills*

 Date Type or Print Name of Person Completing the Form Title Signature



State of California
Secretary of State

118

C

**STATEMENT BY COMMON INTEREST
 DEVELOPMENT ASSOCIATION**

FILED
 Secretary of State
 State of California

NOV 19 2018

Filing Fee \$15.00 — If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. NAME OF ASSOCIATION

Villa Tempra Owners Association, Inc.
 C1252798

This Space For Filing Use Only

2A. The above-named association is Incorporated OR Unincorporated.

2B. The above-named association is formed to manage a common interest development under the:

- Davis-Stirling Common Interest Development Act.
- Commercial and Industrial Common Interest Development Act.

Street Address of the Business or Corporate Office of the Association, if any (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
7007 MISSION GORGE ROAD, SUITE 201	SAN DIEGO	CA	92120	619-299-6899

Street Address of Association's Onsite Office if different from the street address of the business or corporate office, or if there is no onsite office, the address of the association's responsible officer or managing agent of the association. (Do not abbreviate the name of the city. Item 4 cannot be a P.O. Box.)

4. STREET ADDRESS	CITY	STATE	ZIP CODE
7007 MISSION GORGE ROAD, SUITE 201	SAN DIEGO	CA	92120

TELEPHONE NUMBER OR EMAIL ADDRESS
 INFO@APSMANAGEMENT.COM

President of the Association - Name, address and either the daytime telephone number or email address (Note: Commercial and industrial associations do not need to provide this information. The address and telephone number must be different from the address and telephone number of the association's onsite office or managing agent. Do not abbreviate the name of the city.)

5. NAME	PHONE NUMBER OR E-MAIL ADDRESS
ADDRESS	CITY STATE ZIP CODE

Association's Managing Agent, if any - Name, street address, and daytime telephone number (The address and telephone number must be different from the address and telephone number of the president of the association. Do not abbreviate the name of the city. Item 6 cannot be a P.O. Box.)

6. NAME	PHONE NUMBER
NEAL P. CHAZIN	619-299-6899

STREET ADDRESS	CITY	STATE	ZIP CODE
7007 MISSION GORGE ROAD, SUITE 201	SAN DIEGO	CA	92120

Physical Location of the Development

7A. COUNTY OR COUNTIES	7B. CITY (If in an unincorporated area, enter the city closest in proximity.)
SAN DIEGO	SAN DIEGO

7C. FRONT STREET	7D. NEAREST CROSS STREET
Villa Tempra Dr.	Palomar St.

Type of Common Interest Development Managed by the Association (At least one of the types listed below must be checked. If Commercial and Industrial, refer to California Civil Code section 6534 for definitions. Otherwise, refer to California Civil Code section 4100 for definitions.)

8. CHECK THE APPLICABLE BOX: (* Note: A commercial and industrial development cannot be a community apartment project.)

*A COMMUNITY APARTMENT PROJECT A CONDOMINIUM PROJECT A PLANNED DEVELOPMENT A STOCK COOPERATIVE

Separate Interests (Please note, "Zero" or "none" is not acceptable.)

9. THE NUMBER OF SEPARATE INTERESTS IN THE DEVELOPMENT
 36

10. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

10/19/2018	Martha Gambala	PREPARER	
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** 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.
- 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. For updated processing time information, go to www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

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

Entity Information: (Please type or print legibly)

Name: Villa Tempra Owners' Association, INC

Entity Number (if applicable): C1252798

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [Villa Tempra Owners' Association, INC]

Company: ASSOCIATED PROFESSIONAL SERVICES

Address: PO BOX 602090

City/State/Zip: [SAN DIEGO, CA 92160-2090]

Secretary of State Use Only	
TTR:	
AMT REC'D:	\$



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

IMPORTANT — Read instructions **before completing this form.**

Filing Fee – \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

Villa Tempra Owners' Association, INC

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C1252798

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
7007 MISION GORGE ROAD, SUITE 201	SAN DIEGO	CA	92120
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
PO BOX 602090	SAN DIEGO	CA	92160-2090

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix	
Mauricio			Chamat		
Address			City (no abbreviations)	State	Zip Code
1335 La Tempra Corte			Chula Vista	CA	91911
b. Secretary	First Name	Middle Name	Last Name	Suffix	
Juan			Cueva		
Address			City (no abbreviations)	State	Zip Code
1349 Tempra Corte			Chula Visat	CA	91911
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix	
Humberto			Guerrero		
Address			City (no abbreviations)	State	Zip Code
1381 Tempra Corte			Chula Vista	CA	91911

5. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
NEAL	P.	CHAZIN	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
7007 Mission Gorge Road # 201	SAN DIEGO	CA	92120

CORPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 5a or 5b

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The information contained herein, including in any attachments, is true and correct.

9/13/2021

Shay Wickline

Preparer

Date

Type or Print Name of Person Completing the Form

Title

Signature



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** 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.
- 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. For updated processing time information, go to www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

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

Entity Information: (Please type or print legibly)

Name: Villa Tempra Owners' Association, INC

Entity Number (if applicable): C1252798

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [Villa Tempra Owners' Association (15)]

Company: APS

Address: PO BOX 602090

City/State/Zip: [SAN DIEGO, CA 92160]

Secretary of State Use Only	
T/R:	
AMT REC'D:	\$



**Secretary of State
Statement by Common Interest
Development Association**

SI-CID

IMPORTANT - Read instructions before completing this form.

Fees (if amendment, see instructions) - \$15.00;

Copy Fees - First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

This Space For Office Use Only

1a. Name of Association

Villa Tempra Owners' Association, INC

1b. Secretary of State Entity Number

C1252798

2a. The above-named Association is formed to manage a common interest development under the following law (select only one):

Davis-Stirling Common Interest Development Act.
(Complete items: 1-9)

Commercial and Industrial Common Interest Development Act.
(Complete items: 1-4 and 6-9)

2b. The above-named Association is (select only one):

Incorporated

Unincorporated

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
7007 MISSION GORGE RD STE. 201	San Diego	CA	92120	(619) 299-6899

4. 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
7007 Mission Gorge RD. # 201	San Diego	CA	92120
If the address listed above is that of the Responsible Officer of the Association, check the following box: <input type="checkbox"/>			Telephone Number or Email Address (619) 299-6899

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 Email Address		
Mauricio Chamat	villatempra@gmail.com		
Address	City (no abbreviation)	State	Zip Code
1335 La Tempra Corte	Chula Vista	CA	91911

**- CONTINUE ON NEXT PAGE -
(Page 1 of 2)**

**Statement by Common Interest Development Association
(Page 2 of 2)**

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 Neal P. Chazin		Telephone Number (619) 299-6899	
Street Address – Do not list a P.O. Box 7007 MISSION GORGE RD. #201	City (no abbreviation) SAN DIEGO	State CA	Zip Code 92120

7. Physical Location of the Common Interest Development

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

8. 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 4100 for definitions. If Commercial and Industrial Common Interest Development, refer to California Civil Code section 6534 for definitions.)

<input type="checkbox"/> Community Apartment Project (Note: A Commercial and Industrial Development cannot be a Community Apartment Project.)
<input checked="" type="checkbox"/> Condominium Project
<input type="checkbox"/> Planned Development
<input type="checkbox"/> 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 36


Read, sign and date below (See instructions for signature requirements).

The information contained hereing is true and correct.

9/21/2021
Date

Shay Wickline
Type or Print Name of Person Completing the Form

PREPARER
Title


Signature

Instructions for Completing the Form SI-CID

Incorporated Associations

Every domestic nonprofit corporation formed to manage a common interest development must file a Statement by Common Interest Development Association (Form SI-CID) with the Secretary of State. The statement must be filed within 90 days after the filing of its original Articles of Incorporation, and biennially thereafter together with the Statement of Information (Form SI-100), filed pursuant to Corporations Code section 8210**. If the street address of the association's onsite office or the street address of the responsible officer or managing agent of the association changes, a corporation must file a complete Statement by Common Interest Development Association. A corporation is required to file this statement even though the corporation may not be engaged actively in business at the time this statement is due.

** The corporation must file Form SI-CID together with Form SI-100; however, it is an additional filing and must be accompanied by a separate \$15.00 filing fee. Both forms are available on the Secretary of State's website at www.sos.ca.gov/business.

Unincorporated Associations

Every unincorporated association formed to manage a common interest development must file a Statement by Common Interest Development Association, biennially, in the month of JULY. If the street address of the association's onsite office or the street address of the responsible officer or managing agent of the association changes, the association must file a complete Statement by Common Interest Development Association. Upon changing its status to that of a corporation, the association must comply with the filing requirements for incorporated associations.

Statutory filing provisions are found in California Civil Code sections 5405(a) and 6760(a), unless otherwise indicated. Please refer to California Civil Code sections 4000, et seq. and 6500, et seq., for additional provisions relating to common interest development associations. Failure to file this Statement by Common Interest Development Association may result in the assessment of a \$50.00 penalty and suspension of the association's rights, privileges, and powers as a corporation, to the same extent and in the same manner as the penalty and suspension imposed pursuant to California Corporations Code section 8810. (California Civil Code section 5405(d) and 6760(d); California Revenue and Taxation Code section 19141.)

Filing Fees: The fee for filing the Statement by Common Interest Development Association is **\$15.00**. Checks should be made payable to the Secretary of State. If this statement is being filed to amend any information on a previously filed statement and is being filed outside the applicable filing period, **no fee** is required.

Copies: To get a copy of the filed statement, include a separate request and payment for copy fees when the statement is submitted. Copy fees are \$1.00 for the first page and \$.50 for each additional page. For certified copies, there is an additional \$5.00 certification fee, per copy.

Complete the Statement by Common Interest Development Association (Form SI-CID) as follows:

- Item 1.** Enter the name of the association or the name of the corporation **exactly** as it is of record with the California Secretary of State.
- Item 2A.** Check the appropriate box indicating whether the association is INCORPORATED or UNINCORPORATED.
- Item 2B.** Check the box indicating whether this association is formed to manage a DAVIS-STIRLING or a COMMERCIAL AND INDUSTRIAL Common Interest Development. The appropriate box must be checked.
- Item 3.** Enter the complete street address of the business or corporate office of the association, if any. If the business or corporate office is also the onsite office, also provide a telephone number. Please do not enter a P.O. Box or abbreviate the name of the city.
- Item 4.** Enter the complete street address and telephone number or email address of the association's onsite office if different from the street address of the business or corporate office, or if there is no onsite office, the address of the association's responsible officer or managing agent of the association. Please do not enter a P.O. Box or abbreviate the name of the city.
- Item 5.** Enter the name, address and either the daytime telephone number or e-mail address of the president of the association **if the association is formed to manage a Davis-Stirling Common Interest Development**. The address and telephone number of the president of the association **must be different** from the address and telephone number of the association's onsite office or managing agent. *This information will not be subject to public inspection and will be provided only for governmental purposes and only to members of the Legislature and the Business, Consumer Services and Housing Agency upon written request.*
- Item 6.** Enter the name, complete street address, and daytime telephone number of the association's managing agent, if any. The address and telephone number of the managing agent **must be different** from the address and telephone number of the president of the association. Please DO NOT enter a P.O. Box or abbreviate the name of the city.
- Items 7A-7D.** Enter the county in which the development is physically located. If the boundaries are physically located in more than one county, enter each county. Enter the name of the city in which the development is physically located. If in an unincorporated area, enter the name of the city closest in proximity to the development. Please do not abbreviate the name of the county(ies) or city. Enter the front street and nearest cross street of the physical location of the development.
- Item 8.** Check the appropriate box that describes the type of common interest development (refer to California Civil Code sections 4100 and 6534 for definitions). At least one of the types listed must be checked.
- Item 9.** Enter the number of separate interests, as defined in California Civil Code section 4185(a) and 6564(a). "Zero" or "none" is not acceptable.
- Item 10.** Type or print the name and title of the person completing this form and enter the date this form was completed.

Completed forms along with the applicable fees can be mailed to Secretary of State, Statement of Information Unit, P.O. Box 944230, Sacramento, CA 94244-2300 or delivered in person to the Sacramento office, 1500 11th Street, Sacramento, CA 95814. If you are not completing this form online, please type or legibly print in black or blue ink. This form must not be altered.



State of California

Secretary of State

C

STATEMENT BY COMMON INTEREST DEVELOPMENT ASSOCIATION

Filing Fee \$15.00 — If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. NAME OF ASSOCIATION

C1252798
Villa Tempra Owners Association Inc.
1300 Villa Tempra HOA
Chula Vista, CA 91911

This Space For Filing Use Only

2A. The above-named association is Incorporated OR Unincorporated.

2B. The above-named association is formed to manage a common interest development under the:

- Davis-Stirling Common Interest Development Act.
 Commercial and Industrial Common Interest Development Act.

Street Address of the Business or Corporate Office of the Association, if any (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
1300 Villa Tempra HOA	Chula Vista	CA	91911	619-426-7902

Street Address of Association's Onsite Office if different from the street address of the business or corporate office, or if there is no onsite office, the address of the association's responsible officer or managing agent of the association (Do not abbreviate the name of the city. Item 4 cannot be a P.O. Box.)

4. STREET ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE NUMBER OR EMAIL ADDRESS

President of the Association - Name, address and either the daytime telephone number or email address (Note: Commercial and industrial associations do not need to provide this information. The address and telephone number **must be different** from the address and telephone number of the association's onsite office or managing agent. Do not abbreviate the name of the city.)

5. NAME	PHONE NUMBER OR E-MAIL ADDRESS
Mauricio Chamat	619-426-7902
ADDRESS	CITY STATE ZIP CODE
1335 La Tempra Corte	Chula Vista CA 91911

Association's Managing Agent, if any - Name, street address, and daytime telephone number (The address and telephone number **must be different** from the address and telephone number of the president of the association. Do not abbreviate the name of the city. Item 6 cannot be a P.O. Box.)

6. NAME	PHONE NUMBER
Neal Chazin	(616) 299-6899
STREET ADDRESS	CITY STATE ZIP CODE
7007 Mission Gorge Road #201	San Diego CA 92120

Physical Location of the Development

7A. COUNTY OR COUNTIES	7B. CITY (If in an unincorporated area, enter the city closest in proximity.)
San Diego	Chula Vista
7C. FRONT STREET	7D. NEAREST CROSS STREET
Palomar Street	3rd Ave

Type of Common Interest Development Managed by the Association (At least one of the types listed below must be checked. If Commercial and Industrial, refer to California Civil Code section 6534 for definitions. Otherwise, refer to California Civil Code section 4100 for definitions.)

8. CHECK THE APPLICABLE BOX: (* Note: A commercial and industrial development cannot be a community apartment project.)

*A COMMUNITY APARTMENT PROJECT A CONDOMINIUM PROJECT A PLANNED DEVELOPMENT A STOCK COOPERATIVE

Separate Interests (Please note, "Zero" or "none" is not acceptable.)

9. THE NUMBER OF SEPARATE INTERESTS IN THE DEVELOPMENT
36

10. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

7-16-2016	Mauricio Chamat	President	
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE



State of California Secretary of State

C

STATEMENT BY COMMON INTEREST DEVELOPMENT ASSOCIATION

Filing Fee \$15.00 — If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. NAME OF ASSOCIATION

C1252798
Villa Tempra Owners Association Inc.
1300 Villa Tempra HOA
Chula Vista, CA 91911

This Space For Filing Use Only

2. The above named association is formed to manage a common interest development under the Davis-Stirling Common Interest Development Act. (This statement is required by Civil Code section 1363.6(a)(1) and must not be altered.)

3. THIS ASSOCIATION IS: INCORPORATED UNINCORPORATED

Street Address of the Business or Corporate Office of the Association, If Any (Do not abbreviate the name of the city. Item 4 cannot be a P.O. Box.)

4. STREET ADDRESS 1300 Villa Tempra	CITY Chula Vista	STATE CA	ZIP CODE 91911
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Street Address of Association's Onsite Office if Different from the Street Address of the Business or Corporate Office, or If There Is No Onsite Office, the Address of the Association's Responsible Officer or Managing Agent of the Association (Do not abbreviate the name of the city. Item 5 cannot be a P.O. Box.)

5. STREET ADDRESS	CITY	STATE	ZIP CODE
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Name, Address and Either the Daytime Telephone Number or Email Address of the President of the Association (The address and telephone number **must be different** from the address and telephone number of the association's onsite office or managing agent. Do not abbreviate the name of the city.)

6. NAME Mauricio Chamat	PHONE NUMBER OR E-MAIL ADDRESS chamat@cox.net		
ADDRESS 1335 La Tempra Corte	CITY Chula Vista	STATE CA	ZIP CODE 91911

Name, Complete Street Address, and Daytime Telephone Number of the Association's Managing Agent, If Any (The address and telephone number **must be different** from the address and telephone number of the president of the association. Do not abbreviate the name of the city. Item 7 cannot be a P.O. Box.)

7. NAME Neal Chazin	PHONE NUMBER (619) 299*6899		
STREET ADDRESS 7007 Mission Gorge Road 201	CITY San Diego	STATE CA	ZIP CODE 92120

Physical Location of the Development

8A. COUNTY OR COUNTIES
San Diego

8B. CITY (If in an unincorporated area, enter the city closest in proximity.)
Chula Vista

9A. FRONT STREET Villa Tempra Drive	9B. NEAREST CROSS STREET Palomar Street 91911
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Type of Common Interest Development Managed by the Association (At least one of the types listed must be checked. Refer to Civil Code section 1351 for definitions.)

10. CHECK THE APPLICABLE BOX:

<input type="checkbox"/> A COMMUNITY APARTMENT PROJECT	<input checked="" type="checkbox"/> A CONDOMINIUM PROJECT
<input type="checkbox"/> A PLANNED DEVELOPMENT	<input type="checkbox"/> A STOCK COOPERATIVE

Separate Interests (Please note, "Zero" or "none" is not acceptable.)

11. THE NUMBER OF SEPARATE INTERESTS IN THE DEVELOPMENT
36

12. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

8/25/2013	Mauricio Chamat	President	
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE