

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:

Contact Person: (Please type or print legibly)

- 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.

First Name: KATHERINE	Last Name: MILLS
Phone (optional): 619-299-6899	
Entity Information: (Please type or print leg	
Entity Number (if applicable): C0871540	
Address: Copy and Canification Fee:	
Comments	



Secretary of State Statement of Information

SI-100

(California Nonprofit, Credit Union and General Cooperative Corporations)

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

Filing Fee - \$20.00

Certification Fee (Optional) - \$5.00

 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			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.

					12	
a. Chief Executive Officer/ First Name	Middle Name		Last Name			Suffix
MAURICIO			CHAMAT			
Address		City	(no abbreviations)	State	Zip C	ode
1335 LA TEMPRA CORT	Έ	CH	IULA VISTA	CA	91	911
b. Secretary/ First Name	Middle Name		Last Name	-		Suffix
JUAN			CUEVA			
Address		City	(no abbreviations)	State	Zip C	ode
1349 TEMPRA CORTE		CH	IULA VISTA	CA	91	911
c. Chief Financial Officer/ First Name	Middle Name		Last Name			Suffix
DAWN			REDD			
Address		City	(no abbreviations)	State	Zip C	ode
1335 CALLE TEMPRA		CH	IULA VISTA	CA	91	911

5 O 5 D (Must provide either Individual	OP Corporation)				
 Service of Process (Must provide either Individual INDIVIDUAL – Complete Items 5a and 5b only. Mu address. 		I name and Ca	lifornia	a stree	t
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 abbreviati	ons)		Zip C	ode
7007 MISSION GORGE RD. #201	San Diego		CA	92	120
CORPORATION – Complete Item 5c only. Only inc	lude the name of the	registered age	nt Cor	poration	on.
c. California Registered Corporate Agent's Name (if age	ent is a corporation) –	Do not comple	ete Ite	m 5a c	r 5b
6. Common Interest Developments					
Check here if the corporation is an association form the Davis-Stirling Common Interest Development Act the Commercial and Industrial Common Interest Deseq.). The corporation must file a Statement by Comas required by California Civil Code sections 5405(act)	ct (California Civil Cod evelopment Act (Calif nmon Interest Develo	de section 4000 ornia Civil Cod	0, et se le sect	eq.) or tion 65	under 00, et
7. Email Notifications					
Provide an email address to opt-in to receive er Information reminders, by email rather than USPS m continue to receive notices and reminders by USPS ma	ail. Note: If no ema	tions, includir il address is p	ng Sta provide	atemer ed, you	it of will
Yes, I opt-in to receive entity notifications via email. Ema	info@a	psmanagen	nent.	com	
To change your option after filing, you must submit a ne	ew complete Stateme	nt of Information	on.		

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	, SI-	CID		
Statement by Con Development Ass				
Fees - \$15.00; Certification Fee (Optional) - \$5.00				
			This Space F	or Office Use Only
1a. Name of Association				State Entity Number
VILLA TEMPRA OWNERS' ASSO	CIATION, INC.		C08	371540
2a. The above-named Association is common interest development un (select only one):			2b. The above- is (select onl	named Association y one):
(Select Only Orle).			✓ Incorpora	ted
✓ Davis-Stirling Common Interest D	evelopment Act.		oo.poid	
(Complete items: 1-9)			Unincorpo	orated
Commercial and Industrial Comm (Complete items: 1-4 and 6-9)	non Interest Development	Act.		
3. Street Address of the Business of	r Corporate Office of th	e Asso	ciation, if any	
Street Address – Do not ljst 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
A Street Address of Association's C	Onsite Office (If different fo	om the	street address of th	he business or

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	Telephone Number or	Email A	Address
Officer of the Association, check the following box:	(619)	299-6	8899

corporate office or, if no onsite office, the address of the Association's Responsible Officer or Managing Agent of the

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			Teleph	one Number
Neal P. Ch	nazin		(6	19) 299-6899
Street Addres	ss – Do not list a P.O. Box	City (no abbreviation)	State	Zip Code
7007 MIS	SION GORGE RD. #201	ORGE RD. #201 San Diego		
7. Physical I	Location of the Common Interest Devel	lopment		
Front Street		Nearest Cross Street		
LA TEMP	RA CORTE	PALOMAR STR	EET	
City (If in an ur proximity.)	nincorporated area, enter the city closest in	County or Counties		
San Diego		San Diego		
	nium Project Development operative			
9. Separate l	Interests (Note: Must have at least one Separa	ate Interest. Do not enter zer	o or none	, and do not leave blank
	parata Interacta in the Davelenment			
Number of Se	parate Interests in the Development			
	parate interests in the Development			
36	nd date below The information contains	ed herein is true and cor	rect.	
36		ed herein is true and cor		- 11
36		ed herein is true and con		.mills



State of California Secretary of State

118

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

Villa Tempra Owners Association, Inc. C1252798

FILED

Secretary of State State of California

NOV 1 9 2018

			This Space F	or Filing Use Only		
2A. The above-named association is Incorporated	OR Unincorporate	d.				
28. The above-named association is formed to manage a common interest development under the:						
Davis-Stirling Common Interest Development Ac	1.					
Commercial and Industrial Common Interest Dev	relopment Act.					
Street Address of the Business or Corporate Office of Box.)	the Association, if any (Do	not abbreviate the r	name of the cit	y. Item 3 cannot be a P.O.		
3. STREET ADDRESS 7007 MISSION GORGE ROAD, SUITE 201	SAN DIEGO	STATE CA	ZIP CODE 92120	TELEPHONE NUMBER 619-299-6899		
Street Address of Association's Onsite Office if different address of the association's responsible officer or managing age				· · · · · · · · · · · · · · · · · · ·		
4. STREET ADDRESS 7007 MISSION GORGE ROAD, SUITE 201	SAN DIEGO	CA	STATE	92120 ZIP CODE		
TELEPHONE NUMBER OR EMAIL ADDRESS INFO@APSMANAGEMENT.COM			,			
President of the Association - Name, address and either the do not need to provide this information. The address and telephonsite office or managing agent. Do not abbreviate the name of	none number must be different					
5. NAME	PHONE NUI	MBER OR E-MAIL ADI	DRESS			
			27.75	710 0005		
ADDRESS		CITY	STATE	ZIP CODE		
ADDRESS		CITY	SIAIE	ZIP CODE		
Association's Managing Agent, if any - Name, street add from the address and telephone number of the president of the a		mber (The address	and telephone	number must be different		
Association's Managing Agent, if any - Name, street add	ssociation. Do not abbreviate th	mber (The address e name of the city.	and telephone	number must be different		
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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 Infor	mation: (Please typ	e or print legibly)			
Name: Villa	Tempra Owners' A	Association, INC			
	(if applicable):	C1252798	_		
Comments:				+- 	
-					
-					
-					
-		114			
-					

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.

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Name:

Villa Tempra Owners' Association, INC

Company:

ASSOCIATED PROFESSIONAL SERVICES

Address:

PO BOX 602090

City/State/Zip: LSAN DIEGO, CA 92160-2090

Secretar	y of St	ats Usc	Only_	
T/TK:				
amtreo:	Ş			



Secretary of State Statement of Information

SI-100

(California Nonprofit, Credit Union and General Cooperative Corporations)

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

 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	A	
1335 La Tempra Corte	<u> </u>		Chula	ı Vista	-CA	91911	
b. Secretary	First Name	Middle Name	Last Name				Suffix
Juan				Cueva			
Address			City (no abbreviations) State Zip Co		Zip Code		
1349 Tempra Corte			Chula	ı Visat	CA	91911	
c. Chief Financial Officer/	First Name	Middle Name	e Last Name			Suffix	
Humberto			Guerrero				
Address			City (no abbreviations) State Zip Co		Zip Code	A	
1381 Tempra Corte			Chula Vista CA 91911		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

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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 Date Shav Wickline

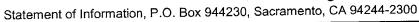
Preparer

Title

Signature

Type or Print Name of Person Completing the Form

.....





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.

[Villa Tempra Owners' Association (15)

For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

ımber (if applicable):	C1252798		
nts:		 · · · · · · · · · · · · · · · · · · ·	
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Secretary of State Use Only

ever country.

AHT REC'D: \$

Doc Submission Cover - SI (Est. 11/2016)

APS

City/State/Zip: LSAN DIEGO, CA 92160

PO BOX 602090

Name:

Company:

Address:

Secretary of S Statement by Development

	Secretary of State)	31-	CID			
	Statement by Con Development Ass						
IMPORTANT -	Read instructions be	fore completing t	his for	m.			
Fees (if amen	dment, see instructior	ns) - \$15.00;					
	First page \$1.00; each a ee - \$5.00 plus copy fee).50;		This	s Space F	or Office Use Only
1a. Name of Association						State Entity Number	
Villa Tempra Owners' Association, INC					C1252798		
common i	-named Association is nterest development เ					above- select onl	named Association y one):
(select only one):					V II	ncorpora	ted
Davis-Stirling Common Interest Development Act. (Complete items: 1-9)					L	Inincorpo	orated
Commercial and Industrial Common Interest Development Act. (Complete items: 1-4 and 6-9)							
3. Street Add	ress of the Business o	or Corporate Offic	e of th	e Asso	ciation,	if any	
Street Address	- Do not list a P.O. Box	City (no abbreviati	on)	State	Zip Co	ode	Telephone Number
7007 MISSION	GORGE RD STE. 201	San Diego		CA	9212	20	(619) 299-6899
	ress of Association's (ice or, if no onsite office, the						
Street Address	- Do not list a P.O. Box		City (n	o abbre	viation)	State	Zip Code
7007 Missio	n Gorge RD. # 20	1	San	Diego	ı	CA	92120
If the address listed above is that of the Responsible Officer of the Association, check the following box: Telephone Number or Email Address (619) 299-6899					ddress		
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				ddress			
Mauricio Ch	amat		villate	empra	@gma	il.com	
Address			City (n	o abbre	viation)	State	Zip Code
1335 La Tempra Corte Chula Vista CA 91911					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.)

number of the President of the Association.) Name		Telenh	one Number		
Neal P. Chazin			(619) 299-6899		
Street Address – Do not list a P.O. Box	City (no abbreviation)	State	Zip Code		
7007 MISSION GORGE RD. #201	SAN DIEGO	CA	92120		
7. Physical Location of the Common Interest Devel	opment	· · · · · · · · · · · · · · · · · · ·			
Front Street	Nearest Cross Street				
Tempra Corte	Palomar Street				
City (If in an unincorporated area, enter the city closest in	County or Counties				
proximity.) San Diego	San Diego				
Project.) Condominium Project Planned Development					
Stock Cooperative					
9. Separate Interests (Note: Must have at least one Separa	ate Interest. Do not enter ze	ro or none	e, and do not leave blanl		
Number of Separate Interests in the Development					
36					
Read, sign and date below (See instructions for sign	nature requirements).				
The information contained hereing is true and correct.					
		_ (

Date

9/21/2021 Shay Wickline

Type or Print Name of Person Completing the Form

Signature 4

PREPARER

Title

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 <u>and</u> 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, <u>and</u> 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 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

Secretary of State
STATEMENT BY COMMON INTEREST

C

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

Chula Vista, CA 91911	This Space For Filing Use Only				
2A. The above-named association is I Incorporated OR Unincorporated.					
2B. The above-named association is formed to manage a common interest development u	nder 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 abbrev Box.)	iate the name of the city. Item 3 cannot be a P.O.				
,	TATE ZIP CODE TELEPHONE NUMBER 91911 619-426-7902				
Street Address of Association's Onsite Office if different from the street address of the business of					
address of the association's responsible officer or managing agent of the association (Do not abbreviate the 4. STREET ADDRESS CITY	STATE ZIP CODE				
TELEPHONE NUMBER OR EMAIL ADDRESS					
President of the Association - Name, address and either the daytime telephone number or email address do not need to provide this information. The address and telephone number must be different from the adonsite office or managing agent. Do not abbreviate the name of the city.)					
5. NAME PHONE NUMBER OR E-Mauricio Chamat	MAIL ADDRESS 619-426-7902				
ADDRESS CITY 1335 La Tempra Corte Chula Vista	CA STATE ZIP CODE 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) 299-68					
STREET ADDRESS 7007 Mission Gorge Road #201 San Diego	CA STATE ZIP CODE 92120				
Physical Location of the Development					
7A. COUNTY OR COUNTIES 7B. CITY (If in an unincorporated area, enter the San Diego Chula Vista	ne city closest in proximity.)				
7C. FRONT STREET 7D. NEAREST CROSS STREET 3rd Ave					
Type of Common Interest Development Managed by the Association (At least one of the type and Industrial, refer to California Civil Code section 6534 for definitions. Otherwise, refer to California Civil Code Section 6534 for definitions.					
8. CHECK THE APPLICABLE BOX: (* Note: A commercial and industrial development cannot be a community	apartment project.)				
	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				
SI-CID (REV 01/2014)	APPROVED BY SECRETARY OF STATE				



State of California Secretary of State

С

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

Chula Vista, CA 91911				
			·	or Filing Use Only
The above named association is formed to manage Development Act. (This statement is required by Civil Code				rling Common Interest
3. THIS ASSOCIATION IS: INCORPORATED	UNINCORPORATE	ED		
Street Address of the Business or Corporate Office of t P.O. Box.)	he Association, If A	∖ny (Do not abbre	viate the name of the city	/. Item 4 cannot be a
4. STREET ADDRESS CIT 1300 Villa Tempra	Y Chula Vista	STATE CA	ZIP CODE 91911	
Street Address of Association's Onsite Office if Difference Is No Onsite Office, the Address of the Association's the name of the city. Item 5 cannot be a P.O. Box.)				
5. STREET ADDRESS	CITY	STATE		ZIP CODE
Name, Address and Either the Daytime Telephone Nurtelephone number must be different from the address and telephame of the city.)				
6. NAME Mauricio Chamat		PHONE NUMBER	OR E-MAIL ADDRESS chamat@cox.ne	et
ADDRESS 1335 La Tempra Corte	сітү Chula Vist	STATE 3	CA	ZIP CODE 91911
Name, Complete Street Address, and Daytime Teleph telephone number must be different from the address and telep ltem 7 cannot be a P.O. Box.)				
7. NAME Neal Chazin		PHONE NUMBER (619) 299*6		
STREET ADDRESS 7007 Mission Gorge Road 201	сітү San Dieg o	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		REST CROSS STRE	ЕТ 91911	
Type of Common Interest Development Managed by the section 1351 for definitions.)	he Association (At	least one of the ty	pes listed must be chec	cked. Refer to Civil Code
10. CHECK THE APPLICABLE BOX:				
A COMMUNITY APARTMENT PROJECT	✓ A CC	ONDOMINIUM PROJ	ECT	
A PLANNED DEVELOPMENT	A ST	OCK COOPERATIV	E	
Separate Interests (Please note, "Zero" or "none" is not accept	table.)			
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	<u> </u>	
DATE TYPE OR PRINT NAME OF PERSON COMPL	ETING THE FORM	TITLE		SIGNATURE
SI-CID (REV 01/2013)			APPROVED I	BY SECRETARY OF STATE