CREEKSIDE FARMS RESIDENTIAL COMMUNITY, INC. MANAGEMENT CERTIFICATE - COMAL COUNTY

In accordance with Texas Property Code Section 209.004, Texas Residential Property Owners Protection Act, **CREEKSIDE FARMS RESIDENTIAL COMMUNITY, INC.**, certifies as to the following:

1. The name of the subdivision is:

CREEKSIDE FARMS

2. The name of the association is:

CREEKSIDE FARMS RESIDENTIAL COMMUNITY, INC.

3. The recording data for the subdivision (plat) is:

Declaration of Covenants Conditions and Restrictions

Doc. 202006035620

4. The recording data for the declaration (including covenants, bylaws, and rules and regulations) is:

Adoption of Working Capital Assessment	Doc. 202006035742
Community Manual	Doc. 202006035743
Adoption of Architectural Review Fee	Doc. 202106027726
Notice of Plat Recordation [Unit 3]	Doc. 202006046356
Notice of Plat Recordation [Unit 4]	Doc. 202106025562

5. The recording data for each amendment to the declaration (including covenants, bylaws, and rules and regulations) is:

First Supplement to Community Manual – 2021 Legislation Doc. 202106047704

6. The mailing address for the association is as follows:

CREEKSIDE FARMS RESIDENTIAL COMMUNITY, INC.

c/o Vision Communities Management Incorporated 5757 Alpha Road, Ste. 680 Dallas, Texas 75240

7. The name, address, telephone number, and email address of the person managing the association or the association's designated representative are as follows:

Vision Communities Management Incorporated 5757 Alpha Road, Ste. 680 Dallas, Texas 75240 Phone: (972) 612-2302

Email: info@vcmtexas.com

8. The website address on which the association's dedicatory instruments are available:

https://creeksidefarms.nabrnetwork.com

9. The following fees are charged by the association relating to a transfer of property within the association:

Resale Certificate	\$340.00
Statement of Account	\$50.00
Refinance Certificate	\$50.00
Transfer Fee to management company	\$175.00
Working Capital Assessment	\$250.00

EXECUTED as of 12/24, 2022.

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Incorporated a association	s managing agen	
By (signature):	2, · B	oldui
Name (printed)	SHANNON	BALDWIM
Title:	Cot)

The State of Texas §

County of Dallas §

This instrument was acknowledged before me on the deth day of <u>December</u>, 2022, by _______ Shannon Baldwin (name), the ______ (title) authorized agent for Vision Communities Management Incorporated.



Notary Public – The State of Texas

After Recording, Please Return To: Vision Communities Management Incorporated 5757 Alpha Road, Suite 680 Dallas, TX 75240