LIBERTY TRAILS HOMEOWNERS ASSOCIATION, INC. MANAGEMENT CERTIFICATE - DENTON COUNTY

In accordance with Texas Property Code Section 209.004, Texas Residential Property Owners Protection Act, **LIBERTY TRAILS HOMEOWNERS ASSOCIATION**, **INC.**, certifies as to the following:

1. The name of the subdivision is:

LIBERTY TRAILS

2. The name of the association is:

LIBERTY TRAILS HOMEOWNERS ASSOCIATION, INC.

3. The recording data for the subdivision is:

Declaration of Covenants, Conditions, and Restrictions

Doc. 2020-189279

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

Declaration of Covenants, Conditions, and Restrictions Liberty Trails Community Manual

Doc. 2020-189279

Doc. 2020-189544

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

Liberty Trails First Supplement to Community Manual

Doc. 2021-157780

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

LIBERTY TRAILS HOMEOWNERS ASSOCIATION, 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

Phone: (972) 612-2302

 ${\bf Email: info@vcmtexas.com}$

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

https://libertytrails.nabrnetwork.com

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

Working Capital Assessment (New Home): \$250.00

Working Capital Assessment (Resale Owner): One-half annual Regular

Assessment

Reserve Fund Contribution: \$500.00
Transfer Fee: \$250.00
Resale Certificate Fee: \$340.00

Liberty Trails VCM Management Certificate 012023.1

EXECUTED as o	f	, 2023.	
		Vision Co Incorporated as association	mmunities Management s managing agent for the
		By (signature):	8. Baldun
		Name (printed):	SHANNON BALDW.
		Title:	COD
The State of Texas	§		
County of Dallas	§		
This instrument was Sharwon Daldwig Communities Manag	acknowledged before me (name), the <u>COO</u> gement Incorporated.	e on the <u>3rd</u> day of (title) aut	f February, 2023, by horized agent for Vision
RACHEL D Notary ID #1 My Commissi December	33503298 on Expires) ACUL J Notary Public – The	State of Texas

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