

**HOMEOWNERS' ASSOCIATION (HOA) DOMESTIC NONPROFIT CORPORATION  
SUPPLEMENT TO CERTIFICATE OF INCORPORATION**

PURPOSE: Under Section 35-20-5 of the *Code of Alabama 1975* this supplemental information (in addition to the Title 10A, Chapter 3A, Certificate of Incorporation information) and the appropriate filing fees must be filed with the Office of the Alabama Secretary of State.

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:  
\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

\*Include a check, money order, or credit card payment for the \$50.00 processing fee.

\*The request is only accepted via mail or courier and will not be accepted via email.

\*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed and will not be accepted via email.**

1. The name of the HOA from the Certificate of Incorporation:

\_\_\_\_\_

2. The date the Certificate of Incorporation was filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format:000-000-000): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **TO OBTAIN ID NUMBER**, go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov), click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

4. The following items must be attached if they exist and were not included with the Certificate of Incorporation filed as stated above. You must check one of each of the three (3) sets of statements and attach documentation if such documentation exists outside of the recorded Certificate of Incorporation:

Articles of Incorporation other than the Certificate of Incorporation noted above are attached, **or**

No Articles of Incorporation other than the Certificate of Incorporation noted above exist.

Bylaws, resolutions, or other governing documents of the association are attached, **or**

No bylaws, resolutions, or other governing documents other than those included with the Certificate of Incorporation noted above exist.

The original covenants, conditions, or restrictions adopted by the association are attached, **or**

No original covenants, conditions, or restrictions adopted by the association other than those included with the Certificate of Incorporation noted above exist.

(For SOS Use Only)

This form was prepared by: (type name and full address)

Additional Signatures May Be Attached

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-1-3.04

\_\_\_\_\_  
Typed name of above signature

\_\_\_\_\_  
Typed title/capacity to sign under 10A-1-3.04

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** : If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID #, required for all filings other than formation/registration: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(ex:000-000-000)

Service Requested:  \$50.00 HOA Supplement to Incorporation filing fee

Hold at Front Desk for pick-up by: \_\_\_\_\_

**There is no notification service/call for pick-up.**

**Choose one of the following:**

\_\_\_\_\_ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr.: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**