

STATE OF ALABAMA

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

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

INSTRUCTIONS: Mail a signed copy of this completed form and the filing fee of \$50.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616**. If you are would like an acknowledgement include a copy and postage paid self-addressed envelope. The Supplement will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

This form must be typed

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

2. The date the Certificate of Formation was filed in the county: ____ / ____ / ____ (format MM/DD/YYYY)

1. Alabama Entity ID Number (Format: 000-000): _____ - _____ **TO OBTAIN ID NUMBER** Go to our website at 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.**

2. The following items must be attached if they exist and were not included with the Certificate of Formation 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 Formation:

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

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

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

HOA DOMESTIC NONPROFIT CORPORATION SUPPLEMENT

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 (generally these fees are between 2% and 5% of the total charge).

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)

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

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers 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

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder