



Colorado Secretary of State  
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### Articles of Incorporation for a Nonprofit Corporation

filed pursuant to §7-90-301, et seq. and §7-122-101 of the Colorado Revised Statutes (C.R.S.)

1. Entity name:

Homestead North Homeowners Assoc., Inc.

*(The name of a nonprofit corporation may, but need not, contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "ltd." §7-90-601, C.R.S.)*

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- ☐ "bank" or "trust" or any derivative thereof  
☐ "credit union" ☐ "savings and loan"  
☐ "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

201 Railroad Ave.

*(Street name and number)*

Rifle

*(City)*

CO

*(State)*

81650

*(Postal/Zip Code)*

United States

*(Country – if not US)*

*(Province – if applicable)*

4. Principal office mailing address:  
(if different from above)

PO Box 1926

*(Street name and number or Post Office Box information)*

Rifle

*(City)*

CO

*(State)*

81650

*(Postal/Zip Code)*

United States

*(Country – if not US)*

*(Province – if applicable)*

5. Registered agent: (if an individual):

Savage

*(Last)*

John

*(First)*

W

*(Middle)*

*(Suffix)*

**OR** (if a business organization):

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address:

201 Railroad Ave

*(Street name and number)*

Rifle

*(City)*

CO

*(State)*

81650

*(Postal/Zip Code)*

8. Registered agent mailing address:  
(if different from above)

PO Box 1926

*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
Rifle CO 81650  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
United States  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

\_\_\_\_\_  
(mm/dd/yyyy)

10. (Optional) Delayed effective date:

\_\_\_\_\_  
(mm/dd/yyyy)

11. Name(s) and address(es) of incorporator(s): (if an individual)

Savage John\ W  
\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization)

201 Railroad Ave  
\_\_\_\_\_  
(Street name and number or Post Office Box information)

PO Box 1926

\_\_\_\_\_  
Rifle CO 81650  
\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
United States  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

(if an individual)

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
United States  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

(if an individual)

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR** (if a business organization)

\_\_\_\_\_  
(Street name and number or Post Office Box information)

\_\_\_\_\_  
(City) (State) (Postal/Zip Code)  
\_\_\_\_\_  
United States  
\_\_\_\_\_  
(Province – if applicable) (Country – if not US)

(If more than three incorporators, mark this box ☐ and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.
13. The corporation will ☒ **OR** will not ☐ have voting members.
14. A description of the distribution of assets upon dissolution is attached.
15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box ☐ and include an attachment stating the additional information.

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16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

<u>Savage</u>	<u>John</u>	<u>W</u>	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>201 Railroad Ave.</u>			
<small>(Street name and number or Post Office Box information)</small>			
<u>P.O. Box 1926</u>			
<u>Rifle</u>	<u>CO</u>	<u>81650</u>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<u></u>	<u>United States</u>		
<small>(Province – if applicable)</small>	<small>(Country – if not US)</small>		

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)*

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## Click the following links to view attachments

[Attachment 1](#)

Distribution of Assets Upon Dissolution

HOMESTEAD NORTH HOMEOWNERS ASSOC., INC.

ATTACHMENT TO ARTICLES OF INCORPORATION

Upon dissolution of the Association, other than incident to a merger or consolidation, the assets of the Association shall be dedicated to an appropriate public agency to be used for purposes similar to those for which this Association was created. In the event that such dedication is refused acceptance, such assets shall be granted, conveyed and assigned to any nonprofit corporation, association, trust or other organization to be devoted to such similar purposes.