

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certified Copy 263M340U4

I, ROBERT TAYLOR, Deputy Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached

Document File

for

EAGLE POINT GOLF COMMUNITY HOMEOWNER'S ASSOC.

is a true copy of the original document(s).

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



A handwritten signature in black ink, appearing to be "RT", written over a horizontal line.

ROBERT TAYLOR, DEPUTY SECRETARY OF STATE

6/11/2015

Batch 569 # 173

\$20



Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capital St. NE, Suite 151
Salem, OR 97310-1327

Articles of Incorporation—Nonprofit

For office use only

FILED

APR 18 2000

OREGON
SECRETARY OF STATE

Registry Number: 748449-87

Attach Additional Sheet if Necessary
Please Type or Print Legibly in Black Ink

1) NAME Eagle Point Golf Community Homeowner's Assoc.

2) REGISTERED AGENT

C.A. Galpin

7) WILL THE CORPORATION HAVE MEMBERS?

Yes No

3) ADDRESS OF REGISTERED AGENT (Must be an Oregon Street Address which is identical to the registered agent's business office. Must include city state, zip; no PO boxes.)

990 N. Phoenix RD. Suite G 105
Medford OR 97504

8) DISTRIBUTION OF ASSETS UPON DISSOLUTION

Asset will go to
the city of medford

4) ADDRESS FOR MAILING NOTICES

P.O. Box 8271
Medford OR 97504

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION. PLEASE NOTE, THERE IS NO OBLIGATION ON THE PART OF PERSONS USING OUR LETS TO REFRAIN FROM MAILING SOLICITATIONS. THE MARK IS SIMPLY INFORMATIONAL. ORS 56.022

5) OPTIONAL PROVISIONS (Attach a separate sheet.)

6) TYPE OF CORPORATION

Public Benefit Mutual Benefit Religious

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

C.A. Galpin P.O. Box 8271
Medford OR 97504

10) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name

C.A. Galpin

Signature

FEES

Make check for \$20 payable to Corporation Division

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

11) CONTACT NAME

Maurice Torano

DAYTIME PHONE NUMBER - INCLUDING AREA CODE
(541) 779-5346

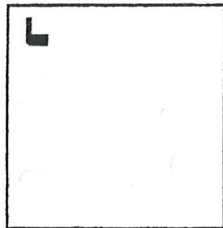
CR112 (Rev. 12/99)

on phone call

Handwritten initials

VOID IF ALTERED OR ERASED

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Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
www.filinginoregon.com

Registry Number: 748449-87
Date of Incorporation: 04/18/2000
Type: DOMESTIC NONPROFIT
CORPORATION

FILED

OCT 07 2014

OREGON
SECRETARY OF STATE

RE: EAGLE POINT GOLF COMMUNITY HOMEOWNER'S ASSOC.

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$150 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 06/14/2013

The reason(s) for administrative dissolution has been eliminated or did not exist.

By: *A.A. Campbell* Date: F-15-14
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

EAGLE POINT GOLF COMMUNITY HOME

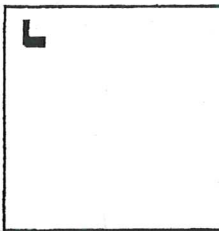


74844987-15427862

REIANA

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Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
www.filinginoregon.com

REINSTATEMENT ANNUAL REPORT
Registry Number: 748449-87
Date of Incorporation: 04/18/2000

Type: DOMESTIC NONPROFIT CORPORATION

EAGLE POINT GOLF COMMUNITY HOMEOWNER'S ...
PO BOX 1549
SHERWOOD OR 97140

Name of Domestic Nonprofit Corporation

EAGLE POINT GOLF COMMUNITY HOMEOWNER'S ASSOC.

Jurisdiction: OREGON

Non Profit: Mutual Benefit

The following information is required by statute. Please complete the entire form.

Registered Agent

ELLEN BINAUMES *Melissa James*
CPM REAL ESTATE SERVICES, INC
718 BLACK OAK DR STE A
MEDFORD OR 97504

If the Registered Agent has changed,
the new agent has consented to the appointment.
Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)

CPM REAL ESTATE SERVICES, INC
718 BLACK OAK DR STE A
MEDFORD OR 97504

3) Mailing Address (Address,city,state,zip)

PO BOX 1549 — *Same as principal*
SHERWOOD OR 97140 — *place of business*

SECRETARY
4) President (Name & Address)

RON CAMPBELL
918 ARROWHEAD TRAIL
EAGLE POINT OR 97524

~~SECRETARY (Name & Address)~~ *PRESIDENT*
~~JOHN BOWDY~~ *MARY KROLAK*
~~218 ST ANDREWS WAY~~ *606 SILVERADO*
~~EAGLE POINT OR 97524~~ *EAGLE POINT, OR*
97524

6) Signature

7) Printed Name

RON CAMPBELL

8) Date

8-15-14

9) Daytime Phone Number

541-826-6550

Make check payable to "Corporation Division" and mail completed form with payment to
Secretary of State, Corporation Division, 255 Capitol ST NE Suite 151, Salem, OR 97310

Note: Filing fees may be paid with VISA or MasterCard.

Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
06/18/14

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