



STATE of WASHINGTON SECRETARY of STATE

CORPORATE NAME:

CLEARIDGE HOMEOWNER'S ASSOCIATION
% ANDREA K SAXTON
4600 GUEMES VIEW
PO BOX 319
ANACORTES WA 98221

CORPORATION NUMBER 24062812

CERTIFICATE OF
ADMINISTRATIVE DISSOLUTION

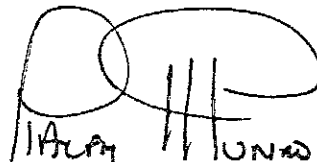
IN ACCORDANCE WITH R.C.W. 24.03.302, THE ABOVE CORPORATION IS HEREBY
ADMINISTRATIVELY DISSOLVED AS OF 5/17/91.

THIS ACTION WAS TAKEN DUE TO THE FAILURE OF THE CORPORATION TO FILE AN
ANNUAL LIST OF OFFICERS/LICENSE RENEWAL WITHIN THE TIME SET FORTH BY LAW.

A copy of this Certificate is on file in this office.



Given under my hand and the seal of the State
of Washington, at Olympia, the State Capitol.


Ralph Munro

Ralph Munro, Secretary of State



STATE of WASHINGTON SECRETARY of STATE

I, **Ralph Munro**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

CLEARIDGE HOMEOWNER'S ASSOCIATION

a Washington Non Profit corporation. Articles of Incorporation were filed for record in this office on the date indicated below.

Corporation Number: 601 129 141

Date: November 14, 1988

Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol.

Ralph Munro, Secretary of State

601-129-141

00103 NOV 21 88

ARTICLES OF INCORPORATION
OF
CLEARIDGE HOMEOWNER'S ASSOCIATION

NOV 14 1988

SECRETARY OF STATE
STATE OF WASHINGTON

CS

The undersigned, for the purpose of forming a corporation under the nonprofit laws of the State of Washington, RCW 24.03, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be CLEARIDGE HOMEOWNER'S ASSOCIATION.

ARTICLE II

The term of existence shall be perpetual.

ARTICLES III

The purposes for which the corporation is organized are as follows:

To administer the Declarations of Covenants, Conditions and Restrictions for Clearidge Homeowner's Association as recorded under Skagit County Auditor's Receiving No. 7911280008, and any and all other matters pertaining to that real property situated in Skagit County commonly known as Lots 1 through 129 and tract 999, Plat of Clearidge Division No. 1 as per plat recorded in Volume 12 of Plats, pages 76 to 79, inclusive, records of Skagit County, Washington. Also Lots 130 through 199, Plat of Clearidge Division No. 2 as per plat recorded in Volume 13 of Plats, pages 57 to 59, inclusive, records of Skagit County, Washington. The corporation shall have all of those powers enumerated in Title 34 of the Revised Code of Washington: Corporations and Associations (Non-profit) and any amendments thereto.

ARTICLE IV

The name of the Registered Agent of the corporation is JAMES A. KINSHELLA.

The street address of the Registered Office, which is also the address of the Registered Agents, is as follows:

P.O. Box 319
500 Pacific Avenue
Bremerton, Washington 98310

ARTICLE V

There shall be three directors serving as the initial Board of Directors. Their names and addresses are as follows:

1. CAROLYN BROWER - 9436 Misery Point Road N.W.
Seabeck, Washington 98380
2. JAMES KINSHELLA - 922 Ford Avenue
Bremerton, Washington 98312
3. BRUCE G. MARTIN - 3650 N.E. Sulphur Spring Lane
Bremerton, Washington 98310

ARTICLE VI

In the event of dissolution of the corporation, the net assets are to be distributed as follows:

Equally to the owners of Lots 1 through 129 and tract 999, Plat of Clearidge Division No. 1 as per plat recorded in Volume 12 of Plats, pages 76 to 79, inclusive, records of Skagit County, Washington. Also Lots 130 through 199, Plat of Clearidge Division No. 2 as per plat recorded in Volume 13 of Plats, pages 57 to 59, inclusive, records of Skagit County, Washington.

ARTICLE VII


The names and addresses of each incorporators is as follows:

CAROLYN BROWER
9436 Misery Point Road N.W.
Seabeck, Washington 98380


JAMES KINSHELLA
922 Ford Avenue
Bremerton, Washington 98312

BRUCE G. MARTIN
3650 N.E. Sulphur Spring Lane
Bremerton, Washington 98310


IN WITNESS WHEREOF each incorporator has affixed his/her signature on this 7th day of November, 1988.



CAROLYN BROWER



JAMES KINSHELLA



BRUCE G. MARTIN

CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, JAMES KINSHELLA, hereby consent to serve as Registered Agent, in the State of Washington, for the corporation herein named. I understand that as agent for the corporation, it will be my responsibility to accept Service of Process in the name of the corporation; to forward corporate license renewal mailings to the corporation; and to immediately notify the Office of the Secretary of State in the event of my resignation or of any change in the Registered Office address of the corporation for which I am agent.

11/3/88

Dated



JAMES KINSHELLA

24062812
3/90

00238 JUL 390

SECRETARY of STATE



RECEIVED
SECRETARY OF STATE
STATE OF WASHINGTON

JM JUL 02 1990

CK 5.00 CASH _____
TR NOA AMT 30

FILED
STATE OF WASHINGTON

JUL 02 1990

RALPH MUNRO
SECRETARY OF STATE

NON PROFIT CORPORATION STATEMENT OF CHANGE FILING FEE \$5.00

The undersigned submits the following statement to change the corporation's Registered Agent, Registered Office address, or both in accordance with RCW 24, Washington Nonprofit Corporation Act.

- 1. NAME OF CORPORATION: CLEARIDGE HOMEOWNER'S ASSOCIATION
- 2. IF CHANGING REGISTERED AGENT:
Name of new/successor Registered Agent: ANDREA K. SAXTON

AGENT'S CONSENT TO APPOINTMENT

3. I hereby consent to serve as Registered Agent. I will accept and forward mail and Service of Process to the corporation. I will notify the Secretary of State of my resignation as Agent or of an address change.

6/26/90
(Date)

Andrea K. Saxton
(Signature of new agent designated on line 2)

4. REGISTERED OFFICE ADDRESS:
The Registered Office address must be identical to the business address of the Registered Agent and must be located in the State of Washington. A post office box may be used in conjunction with the street address. However, the post office box must be in the same city as the Registered Office address.

4600 GUEMES VIEW ANACORTES, WA. 98221.
(street and # or rural route and box #, city, state and zip code)

check this box to indicate if above is an address change.
Post Office box: _____

- 5. COMPLETE ONE OF THE FOLLOWING STATEMENTS:
 - (a) The change of Agent was authorized by a resolution duly adopted by the Board of Directors and becomes effective on: 6-26-90.
 - (b) The only change to be recorded is the relocation of the Registered Office, within the State of Washington.* The Registered Agent notified the secretary of the corporation of the address change on: _____.

IN TESTIMONY WHEREOF, this statement is signed by the President or a Vice-President, the Secretary or the Treasurer of the corporation.

6/26/90 (date) Rodney L. Dody (signature of an officer of the corporation)* PRESIDENT (title)

*(In the event the only change to be recorded is the relocation of the Registered Office, the Registered Agent is authorized to sign.)

Return completed forms to: Secretary of State, Corporations Division, 505 E. Union (PM-21), Olympia, Washington 98504.

SECRETARY
of STATE



001948 MAR 13 90
NONPROFIT CORPORATION ANNUAL REPORT

Filing Fee -- \$5.00

RETURN TO: CORPORATIONS DIVISION
505 E. UNION
PM-21
OLYMPIA, WA 98504-0419

TRANS LOF	AMOUNT RECD	DATE RECD	BY
	5.00	3-2-90	cab

NAME OF REGISTERED AGENT:
JAMES A KINSELLA

CORPORATION ACCOUNT #: 2-406281-2

CORPORATION NAME AND REGISTERED OFFICE ADDRESS:

UNIFIED BUSINESS IDENTIFIER #: 601 129 141

CLEARIDGE HOMEOWNER'S ASSOCIATION
7 JAMES A KINSELLA
500 PACIFIC AVE
PO BOX 319
BREMERTON WA 98310

STATE OF INCORPORATION: WA

ANNUAL REPORT MUST BE COMPLETED AND FILED BY MARCH 1st. FAILURE TO DO SO MAY RESULT IN DISSOLUTION/REVOCATION.
PLEASE COMPLETE ALL SECTIONS. PLEASE TYPE OR PRINT LEGIBLY.

SECTION ONE

If registered agent or address printed above has changed, complete this section. These actions must have been authorized by the Board of Directors.

NEW REGISTERED OFFICE ADDRESS _____ NEW REGISTERED AGENT'S NAME _____
(A Post Office box alone cannot be accepted as a registered office address)

EFFECTIVE DATE _____ NEW AGENT'S SIGNATURE (X) _____

SECTION TWO

ADDRESS OF PRINCIPAL PLACE OF BUSINESS IN WASHINGTON P.O. Box 319, 500 Pacific Avenue, Bremerton, WA 98310

TELEPHONE NUMBER OF CORPORATION (206) 479-1551

ADDRESS OF FOREIGN CORPORATION'S PRINCIPAL OFFICE WHEREVER LOCATED P.O. Box 319, 500 Pacific Avenue, Bremerton, WA 98310

List names and addresses of officers and directors. (If not applicable, write "N/A"). "Same" or "no change" will not be accepted.

PRESIDENT Carolyn Brower 9436 Miser Point Rd, NW, Seabeck, WA 98380
Name Address City State Zip

V. PRESIDENT _____
Name Address City State Zip

SECRETARY Bruce G. Martin 3650 NE Sulphur Springs Lane, Bremerton, WA 98310
Name Address City State Zip

TREASURER James A. Kinshella 955 Ford Avenue, Bremerton, WA 98312
Name Address City State Zip

DIRECTORS Carolyn Brower 9436 Miser Point Rd, NW, Seabeck, WA 98380
Name Address City State Zip

(Attach list, if needed) Bruce G. Martin 3650 Sulphur Springs Lane, Bremerton, WA 98310
James A. Kinshella 955 Ford Avenue, Bremerton, WA 98312
Name Address City State Zip

SECTION THREE

Briefly describe the affairs the corporation is conducting in the state of Washington: Operation of Homeowners Association

Do the affairs listed above differ from those recorded with the Office of the Secretary of State? YES NO

If you indicated "Yes", what is the nature of and the reason for the change? _____

(Corporation may be required to file an amendment to its articles of incorporation if changes are extensive)

SECTION FOUR

Is the corporation a non-stock, nonprofit corporation incorporated under Chapter 24.03 RCW? YES NO UNKNOWN

If you indicated "No", you may skip to Section Five

Has the corporation filed an Internal Revenue Service Form 990 with the IRS? YES NO

If you indicated "No", you may skip to Section Five

Date of most recent Form 990 filing _____ 19____ For the year ending ____/____/19____

List Total Revenue as reported on IRS Form 990, Part I, Line 12 (Enter "N/A" if nothing reported to the IRS) \$ _____

List "Unrelated Business Income" as reported on IRS Form 990-T (Enter "N/A" if nothing reported to the IRS) \$ _____

SECTION FIVE

If there is no Unified Business Identifier (UBI) number in the space provided in the upper right-hand corner, please list your UBI or Department of Revenue number, if known _____

(X) Bruce G. Martin Secretary 2-27-90
SIGNATURE OF OFFICER TITLE OF OFFICER DATE FORM IS SIGNED

Document must be signed by an officer of the corporation. Under state law, an officer is designated as either President, Vice-President, Secretary or Treasurer. Make checks payable to Secretary of State and return to address listed above.

00128 MAR 21 89

NON PROFIT CORPORATION ANNUAL REPORT

MUST BE FILED BETWEEN JAN.1 AND MARCH 1, 1989

STATE OF WASHINGTON
RALPH MUNRO, SECRETARY OF STATE
505 EAST UNION (PM-21)
OLYMPIA, WA 98504

UBI	TRANS	STATE OF INC.
601 129 141	LOF	WA

FILING FEE \$5.00

AMOUNT REC'D	DATE RECEIVED	BY
5.00	3/1/89	JFM

CORPORATION NAME

CLEARIDGE HOMEOWNER'S ASSOCIATION

% JAMES A KINSHELLA
500 PACIFIC AVE
PO BOX 319
BREMERTON WA 98310

CORP 2-406281-2

* NAME OF REGISTERED AGENT IN STATE OF WASHINGTON
JAMES A KINSHELLA

* REGISTERED OFFICE ADDRESS IN STATE OF WASHINGTON

% JAMES A KINSHELLA
500 PACIFIC AVE
PO BOX 319
BREMERTON WA 98310

THE ANNUAL REPORT MUST BE COMPLETED AND FILED BEFORE MARCH 1ST.
CORPORATIONS FAILING TO FILE THE REPORT WITHIN TIME SPECIFIED SHALL BE DISSOLVED

COMPLETE IF REGISTERED AGENT OR ADDRESS PRINTED ABOVE HAS CHANGED--BELOW ACTIONS AUTHORIZED BY THE BOARD OF DIRECTORS.

NEW REGISTERED OFFICE ADDRESS _____ NEW REGISTERED AGENT'S NAME _____

EFFECTIVE DATE: _____ CONSENT TO APPOINTMENT:

A POST OFFICE BOX ALONE IS NOT ACCEPTABLE UNLESS SHOWN WITH THE PHYSICAL LOCATION IN THE SAME CITY.

ANNUAL REPORT

IMPORTANT — ALL INFORMATION REQUESTED MUST BE ENTERED, INCLUDING FULL ADDRESS AND ZIP CODE. PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES.

ADDRESS OF PRINCIPAL PLACE OF BUSINESS IN WASHINGTON P.O. Box 319, 500 Pacific Avenue, Bremerton, WA

TELEPHONE NUMBER OF CORPORATION (206) 479-1551

BRIEFLY STATE NATURE OF BUSINESS IN WA Operations of Homeowners Association

LIST NAME AND RESPECTIVE ADDRESS OF CORPORATE OFFICERS AND DIRECTORS—COMPLETE EACH LINE OR WRITE NA IF NONAPPLICABLE

PRESIDENT Carolyn Brower 9436 Misery Point Rd, NW, Seabeck, WA 98380
NAME STREET CITY STATE ZIP CODE

VICE-PRESIDENT _____
NAME STREET CITY STATE ZIP CODE

SECRETARY Bruce G. Martin 3650 NE Sulphur Spring Lane, Bremerton, WA 98310
NAME STREET CITY STATE ZIP CODE

TREASURER James A. Kinshella 922 Ford Avenue, Bremerton, WA 98312
NAME STREET CITY STATE ZIP CODE

DIRECTORS Carolyn Brower 9436 Misery Point Rd, NW, Seabeck, WA 98380
NAME STREET CITY STATE ZIP CODE

(Attach list of additional directors) Bruce G. Martin 3650 NE Sulphur Springs Lane, Bremerton, WA 98310
NAME STREET CITY STATE ZIP CODE

James A. Kinshella 922 Ford Avenue, Bremerton, WA 98312
NAME STREET CITY STATE ZIP CODE

FOREIGN CORPORATIONS ONLY: Enter (a) Address of principal office wherever located and (b) state or country of incorporation:

(a)

(b)

X

Bruce G. Martin
SIGNATURE OF OFFICER (Pres., Sec. or Treas.)

0089 0019 0000 0043
, Bruce G. Martin

Secretary

2-28-89

TITLE

DATE

0089 0019 0000 0043