

## **State of California** Secretary of State



## STATEMENT OF INFORMATION

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)
Filing Fee: \$20.00. If amendment, see instructions.

ENDORSED - FILED in the office of the Secretary of State of the State of California

MAY 1 4 2008

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM			This Space For Filing Use Only	
CORPORATE NAME (Please de	o not alter if name is preprinted.)			N
ВАСНАО				Section 200
C3099348				
C3099340				
DUE DATE:				
	E ADDRESS (Do not abbreviate the nam	e of the city. Item 2 cannot be	a P.O. Box.)	
2. STREET ADDRESS OF PRINCIPAL		CITY	STATE	ZIP CODE
385 E. Colorado Blvd. Ste. 200		Pasadena	CA	91101
3. MAILING ADDRESS OF THE CORPORATION, IF REQUIRED		CITY	STATE	ZIP CODE
	RESSES OF THE FOLLOWING OFFIC however, the preprinted titles on this form r		have these three office	rs. A comparable title
4. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Dr. Saiful Islam	385 E. Colorado Blvd. Ste. 200	Pasadena	CA	91101
5. SECRETARY/	ADDRESS	CITY	STATE	ZIP CODE
Mohammed Ali Chowdhury	385 E. Colorado Blvd. Ste. 200	Pasadena	CA	91101
6. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Dr. Salahuddin Ahmed	385 E. Colorado Blvd. Ste. 200	Pasadena	CA	91101
street address (a P.O. Box address is	CESS (If the agent is an individual, the agent is another coode section 1505 and Item 8 must be left bit.	rporation, the agent must have	and Item 8 must be con e on file with the Califor	npleted with a California nia Secretary of State a
7. NAME OF AGENT FOR SERVICE OF				
Dr. Saiful Islam				
8. STREET ADDRESS OF AGENT FOR	NINDIVIDUAL CITY	STATE	ZIP CODE	
385 E. Colorado Blvd. Ste. 200	Pasadena	CA	91101	
DAVIS-STIRLING COMMON INT	EREST DEVELOPMENT ACT (Califor	nia Civil Code section 1350, et	seq.)	
Development Act and proce	ion is an association formed to manage ed to Items 10, 11 and 12.			
SI-CID) as required by Calif	nage a common interest development mus fornia Civil Code section 1363.6. Please se	e instructions on the reverse s	ide of this form.	
10. ADDRESS OF BUSINESS OR CORP	ORATE OFFICE OF THE ASSOCIATION, IF AN	Y CITY	STATE	ZIP CODE
11. FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT  (Complete if the business or corporate office is not on the site of the common interest development.)  9-DIGIT ZIP CODE				
12. NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY		CITY	STATE	ZIP CODE
13. THE INFORMATION CONTAINED H	EREIN IS TRUE AND CORRECT.		- H	
05/05/2008 Kent E. Seton		Authorized Rep.	<i>-</i> ///	***
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM		TITLE	SIGNAT	URE
SI-100 (REV 01/2008) APPROVED BY SECRETARY OF STATE				