

Registration Application

From: DPOR Common Interest Community Board, rr (cic@dpor.virginia.gov)

To: tom.erwin@yahoo.com

Date: Tuesday, January 11, 2022, 10:47 AM EST

Good Morning Mr. Ervin,

Attached is a copy of the registration application to re-register the association with the CIC Board/DPOR. Please let me know if you have any additional questions.

Best Regards,

Ben Tyree
Licensing Specialist
Common Interest Community Board
Department of Professional & Occupational Regulation
Perimeter Center, Suite 400
9960 Mayland Drive
Richmond, VA 23233
(804)367-8510
866-490-2723 (fax)



Registration Application.pdf
77.6kB

**Common Interest Community Board
 COMMON INTEREST COMMUNITY ASSOCIATION REGISTRATION APPLICATION**

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed **credit card insert** must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Number of Units/Lots	X	Fee
1 - 50	<input type="checkbox"/>	\$ 45
51 - 100	<input type="checkbox"/>	\$ 65
101 - 200	<input checked="" type="checkbox"/>	\$ 100
201 - 500	<input type="checkbox"/>	\$ 135
501 - 1000	<input type="checkbox"/>	\$ 145
1001 - 5000	<input type="checkbox"/>	\$ 165
5001+	<input type="checkbox"/>	\$ 180
Application Fee		100.00
Recovery Fund		+ 25
TOTAL FEES		\$ 125.00

1. Has this association previously filed an application with the Virginia Common Interest Community Board?

No

Yes If yes, enter the registration number. 0 5 5 0 0 0 2 8 4 7

2. Full Name of Association Bien Venue Plantation Property Owners
 3. Name of Subdivision/Community (if different from #2) Association

4. Association's Federal Tax Identification Number (EIN) 54 - 1801581 Number used when filing taxes or banking.
Federal Employer Identification Number (12-3456789)

5. Name of Contact Person (to receive Board correspondence on behalf of the association) Thomas Ervin

6. Contact Person's Mailing Address PO Box 1699
Louisa VA 23093
City State Zip Code

7. Contact Numbers 703-201-5177
Primary Telephone Alternate Telephone Fax

8. Contact Person's Email Address bienvenueplantation@gmail.com
The name and mailing address of the Contact Person will appear on the certificate of filing issued by the Board.

Association Information

9. Type of Association
 Property Owners' Condominium Unit Owners' Proprietary Lessees' (Cooperative)

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #LICENSE #	ISSUE DATE
			1020		0550	

10. Is the Association incorporated? No Yes
 If yes, enter the State Corporation Commission No. 04628400
11. Declaration Recorded (MM-YY) 03-96 City/County where Declaration Recorded Louisiana/Orange County
12. Total Number of Units/Lots 134 Zip Code of Association 23093
13. Is the Association under Declarant Control? Yes No
 If no, date association transferred to owners. -

14. Website Address of Association (if available) www.bienvenueplantation.com

15. Indicate how the community association is managed.
 Self-managed (i.e., resident, volunteer, etc.)
 Managed by an employee of the association
 Under contract with a common interest community manager If under contract, provide the following information:
 Name of Management Company _____
 Common Interest Community Manager License Number

0	5	0	1						
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Website Address of Management Company (if available) _____

16. In accordance with § 54.1-2354.4(A) of the Code of Virginia and the Common Interest Community Ombudsman Regulations 18 VAC 48-70-30 and 18 VAC 48-70-40, do you certify on behalf of the association that an association complaint procedure has been or will be established and adopted by the governing board within 90 days of this filing?
Note: Any association that has been delinquent in registering and filing annual reports must have an association complaint procedure established and adopted by the governing board at the time of this filing.
 Yes
 No

17. I, the undersigned representative or authorized agent for the association, certify that the foregoing statements and answers are true and I have not suppressed any information that might affect the Board's decision to accept this application. I certify that I have read, understood and complied with all the laws of Virginia under the applicable provisions of Title 54.1, Chapter 23.3, and Title 55.1, Chapter 18, Chapter 19, Chapter 21 of the Code of Virginia and all related Virginia Common Interest Community Regulations.

Signature of Representative _____
 Printed Name of Representative _____
 Representative's Title _____ Date _____

MEMBERS OF CURRENT BOARD OF DIRECTORS & OFFICERS

(If more space is needed, attach additional sheets of paper with the certificate number)

Associations shall notify the Board office, in writing, within 30 days of any change of address, change of members of the governing board and any other changes in the information that was reported on the association's previous annual report filing.

Name	Title	Address
Daniel Brown	President	494 Palomino Dr, Louisiana, VA 23093
Thomas Ervin	Treasurer	78 John Ct, Warrenton, VA 20186
Frank Reaves	Vice President	1035 Sperryville Pike, Culpeper 22701
Florence Daniels	Secretary	
Ruthie Hayden	At large	