



**Common Interest Community Board
 COMMON INTEREST COMMUNITY ASSOCIATION ANNUAL REPORT FORM**

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"/>	\$ 30
51 - 100	<input type="checkbox"/>	\$ 50
101 - 200	<input type="checkbox"/>	\$ 80
201 - 500	<input type="checkbox"/>	\$ 115
501 - 1000	<input type="checkbox"/>	\$ 130
1001 - 5000	<input type="checkbox"/>	\$ 150
5001+	<input type="checkbox"/>	\$ 170
TOTAL FEES		\$

- Enter the Association's Common Interest Community Board Registration No. _____
- Full Name of Association _____
- Name of Subdivision/Community (if different from #2) _____
- Association's Federal Tax Identification Number (EIN) _____ - _____
Federal Employer Identification Number (12-3456789) Number used when filing taxes or banking.
- Name of Contact Person (to receive Board correspondence on behalf of the association) _____
- Contact Person's Mailing Address _____
City _____ State _____ Zip Code _____
- Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____ Fax _____
- Contact Person's Email Address _____
The name and mailing address of the Contact Person will appear on the certificate of filing issued by the Board.

Association Information

- Type of Association: Property Owners' Condominium Unit Owners' Proprietary Lessees' (Cooperative)
- Is the Association incorporated? No Yes If yes, enter the State Corporation Commission No. _____
- Total Number of Units/Lots _____ Zip Code of Association _____
- Is the Association under Declarant Control?
 No If no, year association transferred to owners. _____
 Yes

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		0550	

13. Website Address of Association (if available) _____

14. 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 _____

Website Address of Management Company (if available) _____

15. 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 established?

Yes

No

16. 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 annual report. 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, and Chapter 21 of the *Code of Virginia* and all related Virginia Common Interest Community Board 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