Association Information for CTA Reporting

1.	Legal Name of the Association:		
	If the Association is incorporated, please use the name of the of the Association as listed in the Articles of Incorporation. Otherwise, please use the name in the bylaws.		
2.	If the Association has a trade name, please list it below. If none, leave blank.		
	Trade Name:		
3.	Association's Tax Identification Number:		
4.	Association's Address:		
	City: State: Zip:		
	Note - If the Association has a management company and no on-site office, please use the management company's address. If the Association has an on-site office, please use that address. If the Association is self-managed and has no on-site office, please list the address that the Association uses to receive mail.		
5.	Do you have officers who are not Board members?If yes, are they entitled to vote on Association matters?		
	* If yes, please contact me to discuss whether they qualify as "beneficial owners."		
6.	In what month is the Association's annual meeting?		
7.	If this is a condominium, does any one person or entity own units totaling 25% or more of the common element interests in the Association? If yes, please provide the name and email address of the owner:		
	Owner's Name:		
	Owner's amail address:		

Board member #1

Individual's first name:	Last name	ə:				
Email:						
Residential Address:						
City:	_ State:	Zip:				
Board	d member #2					
Individual's first name:	Last name	ə:				
Email:						
Residential Address:						
City:	_ State:	Zip:				
Board member #3						
Individual's first name:	Last name	ə:				
Email:						
Residential Address:						
City:	_ State:	Zip:				
Board	d member #4					
Individual's first name:	Last name	e:				
Email:						
Residential Address:						
City:	State:	7in.				

Board member #5

Individual's first name:	Last na	me:	
Email:		_	
Residential Address:			
City:	State:	Zip:	
	Board member #6		
Individual's first name:	Last na	me:	
Email:		_	
Residential Address:			
City:	State:	Zip:	
	Board member #7		
Individual's first name:	Last na	me:	
Email:		_	
Residential Address:			
City:	State:	Zip:	
	Board member #8		
Individual's first name:	Last na	me:	
Email:		_	
Residential Address:			
City:	State:	7in·	

Please attach additional sheets as necessary for additional board members.