

**Unit Owner Registration
Administrative Resolution 03**

The duly elected Board of Directors of The Woods at Polaris Condominium Association establishes the following Unit Owner registration policy:

1. Ohio law mandates that within thirty (30) days of Ownership, the Owner must notify the association of the home address, home and business mailing addresses, and the home and business telephone numbers of the Unit Owner and all occupants of the Unit.
2. The Unit Owner is also required to notify the association within thirty days after a change in any of this information.
3. Owner information shall be submitted to the Board via the Property Manager using the Information Update Information Form (see attachment).
4. Failure to comply with the terms of this Resolution shall result in an enforcement assessment of One Hundred Dollars (\$100.) per month assessed against the Unit Owner for each month of noncompliance, from January 1, 2009.

THE WOOD AT POLARIS CONDOMINIUM
ASSOCIATION, INC.

This resolution, Administrative Resolution 03, was revised at a meeting of the Board held on July 17, 2014 with the directors voting as indicated below:

Director	Yes	No	Abstain	Absent
Glenn Myres	<u>X</u>	___	___	___
John McEldowney	<u>X</u>	___	___	___
Charlene Sarff	<u>X</u>	___	___	___
Jim Brady	<u>X</u>	___	___	___
Dan Bottorf	<u>X</u>	___	___	___
Nancy Vance	<u>X</u>	___	___	___


Association President


Association Secretary

The Woods at Polaris Condominium Association, Inc.
A Corporation Not-for-Profit

Mail to Property Manager referenced on Contents page

INFORMATION UPDATE FORM

Check One

Unit

Address: _____

Owner Occupied

Rental Property

Primary Owner:

*Last Name *First Name Middle Initial

*Home Telephone *Work Telephone

*Place of Employment

Email Address

Spouse

Co-Owner:

Check One

*Last Name *First Name Middle Initial

*Place of Employment *Work Telephone

Rental Property Information:

Lease Effective Date Lease Termination Date

Tenant Name(s):

*Last Name *First Name Middle Initial

*Home Telephone *Work Telephone

*Last Name *First Name Middle Initial

*Home Telephone *Work Telephone

Occupant

Information:

Actual Persons Residing in Unit

*Last Name *First Name Age M/F

*Last Name *First Name Age M/F

Pets:

Type of Animal(s) & Approximate Weight(s).

Automobile(s):

License Plate Number, Vehicle Make & Model

***Billing Address:**

If different from the condominium address.

Alternate Contact: _____