Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8510
www.dpor.virginia.gov



Common Interest Community Board COMMON INTEREST COMMUNITY ASSOCIATION REGISTRATION APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>,

or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Number of Units/Lots		X		Fee		
1	-	50	X		\$	45
51	-	100			\$	65
101	-	200			\$	100
201	-	500			\$	135
501	-	1000			\$	145
1001	-	5000			\$	165
5001+					\$	180
Application Fee						45
Recovery Fund				+	25	
TOTAL FEES			\$	7000		

		1017	15 I ELU	1 70	1	
1.	Has this association p	previously filed an app	lication with the Vi	rginia Common Interest Com	munity Boa	rd?
	Yes If yes,	enter the registration n	umber. 0	5 5 0		
2.	Full Name of Associa	tion <u>Crossfie</u>	lds II Homeow	ners Association, Inc.		
3.	Name of Subdivision/	Community (if differen				
4.	Association's Federal	Tax Identification Nun		3 5 7 1 7 6 2 Employer Identification Number (12-345	2	mber used when filing taxes or banking.
5.	Name of Contact Pers	SON (to receive Board corresp	ondence on behalf of the	association) Gregory Bens	son	
6.	Contact Person's Mai	ling Address 123	57 Clareth Driv	re		
			rndon	5	VA	20171
		City			State	Zip Code
7.	Contact Numbers	703 863 5070				
_		Primary Telepho		Alternate Telephone		Fax
8.	Contact Person's Ema		son.imlc@gma			
_		e name and mailing address of	the Contact Person will a	appear on the certificate of filing issued	by the Board.	
920	ciation Information					
9.	Type of Association	,				
	Property Owners'	Condominium	Unit Owners' 🗌	Proprietary Lessees'	(Cooperativ	re) 🗌
	DATE F	EE TRANS CODE				
OFFICE	DATE		ENTITY#	FILE #/LICENSE #		ISSUE DATE
USE ONLY		1020		0550		
	0550REG-v8				CIC Bos	rd/ASSOC REG AP
07/01/2	2020				200	Page 1 of

10.	Is the Association incorporated? No Yes			
	If yes, enter the State Corporation Commission N	lo. 1/2	8412.	2
11.	Declaration Recorded (MM-YY) 3/87/97 City/County where Declaration Recorded Fa	irfax Cou	unty Va	
12.	Total Number of Units/Lots 6 Zip Code of Association	n 201	71	
13.	Is the Association under Declarant Control? Yes No X			
	If no, date association transferre	ed to owne	rs. 2/4	197
14.	Website Address of Association (if available) crossfields2hoa.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	le the follow	ing informa	ation:
	Name of Management Company			
	Common Interest Community Manager License Number 0 5 0 1			
16. 17.	Website Address of Management Company (if available) In accordance with § 54.1-2354.4(A) of the Code of Virginia and the Common Interest Regulations 18 VAC 48-70-30 and 18 VAC 48-70-40, do you certify on behalf of the association procedure has been or will be established and adopted by the governing board of Note: Any association that has been delinquent in registering and filing annual reports complaint procedure established and adopted by the governing board at the time of this filing Yes No I, the undersigned representative or authorized agent for the association, certify that the answers are true and I have not suppressed any information that might affect the Board application. I certify that I have read, understood and complied with all the laws of Vir provisions of Title 54.1, Chapter 23.3, and Title 55.1, Chapter 18, Chapter 19, Chapter 21 of related Virginia Common Interest Community Regulations.	ociation that within 90 day must have foregoing d's decision ginia unde	at an asso ays of this an asso statemen n to acce	ociation ociation ociation ots and ept this olicable
	Signature of Representative			
	Printed Name of Representative Gregory Bensen			_
	Representative's Title President Date	11-14-2	2023	
<u>A:</u> gove	MEMBERS OF CURRENT BOARD OF DIRECTORS & OFFICERS (If more space is needed, attach additional sheets of paper with the certificate nussociations shall notify the Board office, in writing, within 30 days of any change of address, charring board and any other changes in the information that was reported on the association's pre-	ange of me	mbers of t	<u>he</u> filing.

Title	Address
President	12357 Clareth Drive Herndon va 20171
Secretary	2790 Dylan Schar Ct Herndon, Va 20171
Tresurer	12355 Clareth Drive Herndon, Va 20171
	President Secretary

PAY TO TREASURER OF VIRGINIA \$ 70° DOLLARS TO Executely DOLLARS TO Execu

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April 2015 PSN 7530-02-000-9047

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