



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

2

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

FILED

Secretary of State
State of California

FEB 22 2022

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

Three Arch Bay Association

This Space For Office Use Only

2. 7-Digit Secretary of State Entity Number

C0167060

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

5 Bay Drive

City (no abbreviations)

Laguna Beach

State

CA

Zip Code

92651

b. Mailing Address of Corporation, if different than item 3a

City (no abbreviations)

State

Zip Code

4. Officers

The Corporation is required to enter the names and addresses of **all** three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/

First Name

Middle Name

Last Name

Suffix

Jerry, President

Hayden

Mr.

Address

5 Bay Drive

City (no abbreviations)

Laguna Beach

State

CA

Zip Code

92651

b. Secretary

First Name

Middle Name

Last Name

Suffix

Elizabeth

Davis

Mrs.

Address

5 Bay Drive

City (no abbreviations)

Laguna Beach

State

CA

Zip Code

92651

c. Chief Financial Officer/

First Name

Middle Name

Last Name

Suffix

Victor, Treasurer

Norton

Mr.

Address

5 Bay Drive

City (no abbreviations)

Laguna Beach

State

CA

Zip Code

92651

5. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

Jeremy, General Manager

Pipp

Mr.

b. Street Address (if agent is **not** a corporation) - Do not enter a P.O. Box

5 Bay Drive

City (no abbreviations)

Laguna Beach

State

CA

Zip Code

92651

CORPORATION — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete item 5a or 5b

6. Common Interest Developments

☐ **Check here** if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The information contained herein, including in any attachments, is true and correct.**11/03/2021**

Kaily Benenati

Admin Assistant

Date

Type or Print Name of Person Completing the Form

Title

Signature