

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

STRATFORD OF AVON HOMEOWNERS" ASSOCIATION, INC.

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin August 08, 1996.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eighth day of August, 1996.

  
Deputy



**ARTICLES OF INCORPORATION**

State Form 4182 (R7 / 7-91) Corporate Form No. 364-1 (October 1984)  
Articles of Incorporation (Nonprofit)

Approved by State Board of Accounts 1991

1996081020

APPROVED  
AND  
FILED

RECEIVED  
CORPORATION DIV.  
SEP 17 1996

**INSTRUCTIONS:** Use 8 1/2 x 11 inch paper for inserts.  
Present 2 originally executed copies to:

SECRETARY OF STATE  
302 W WASHINGTON ST RM E018  
INDIANAPOLIS IN 46204

FILING FEE IS \$30.00  
IC 23-17-3-1 SECRETARY OF STATE  
For tax exempt status/Nonprofit Corporations must qualify with both  
the Internal Revenue Service and the Indiana Department of Revenue.

**ARTICLES OF INCORPORATION  
OF**

The undersigned incorporator or incorporators, desiring to form a corporation (*hereinafter referred to as the "Corporation"*) pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991 (*hereinafter referred to as the "Act"*), execute the following Articles of Incorporation.

**ARTICLE I - Name**  
The name of the Corporation is (*the name MUST include the word "Corporation", "Incorporated", "Limited", "Company" or one of the abbreviations thereof*):  
**STRATFORD OF AVON HOMEOWNERS" ASSOCIATION, INC.**

**ARTICLE II - Purpose (optional)**  
The purposes for which the Corporation is formed are:  
To act according to, and pursuant to, those terms and conditions, provisions, restrictions, covenants, and declarations as set forth in certain documents entitled Covenants and Restrictions For Stratford Of Avon Subdivision, dated and recorded in the office of the Recorder, Hendricks County, as follows  
October 23, 1989 in Misc. Book 119, pages 551-558  
November 26, 1991 in Misc. Book 128, pages 366-374  
March 17, 1994 in Misc. Book 140, pages 502-508  
May 6, 1994 in Misc. Book 141, pages 413-420;  
  
and to act in any lawful way as a corporation may act under the laws of the State of Indiana, and the By-Laws adopted by the Corporation.

**ARTICLE III - Type of Corporation (check only one)**  
The Corporation is at:  
 public benefit corporation, which is organized for a public or charitable purpose;  
 religious corporation, which is organized primarily or exclusively for religious purposes; or  
 mutual benefit corporation (*all others*).

**ARTICLE IV - Registered Agent, Registered Office, Principal Office**

**SECTION 1 Registered Agent:** The name and street address of the Corporation's Registered Agent and Registered Office for service of process are:

Name of Registered Agent			
Ms. Jennifer Rice			
Address of Registered Agent	City	Indiana	ZIP code
6752 Juliet Drive	Plainfield		46168
Address of Registered Office (street or building)	City	Indiana	ZIP code
6752 Juliet Drive	Plainfield		46168

**SECTION 2 Principal Office:** The post office address of the principal office of the Corporation is:

Post office address	City	Indiana	ZIP code
P.O. Box 906	Plainfield		46168 - 0906

ARTICLE V Membership

Indicate if corporation will have members:

Yes  No

ARTICLE VI Incorporator(s)

Name(s) and address(es) of the incorporator(s) is/are as follows:

Name	Number and Street or Building	City	State	ZIP code
Jennifer Rice	6752 Juliet Drive	Plainfield	Indiana	46168
Mr. Tim Prass	650 Hamlet	Plainfield	Indiana	46168

ARTICLE VII - Distribution of Assets on Dissolution or Final Liquidation

SEE Attachment A

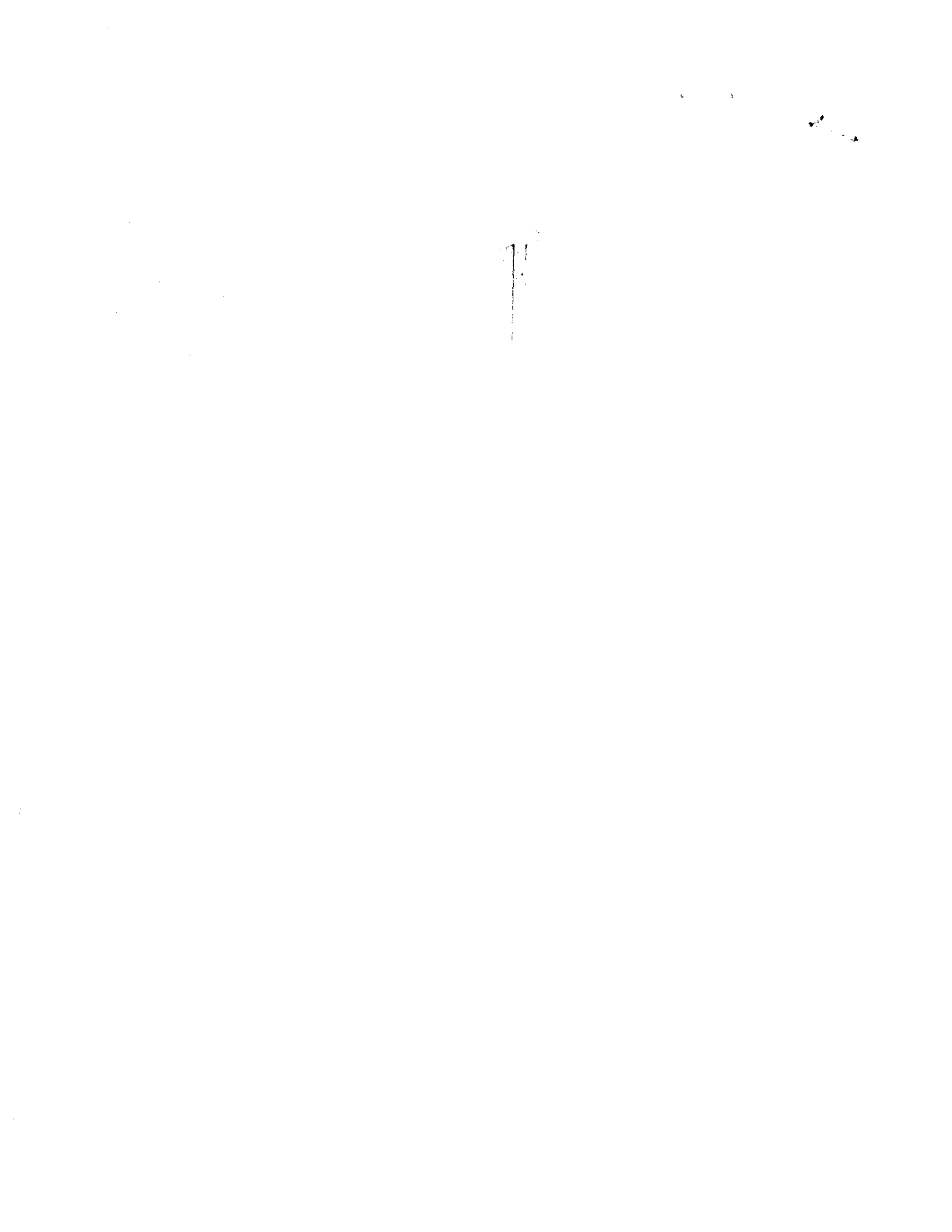
THIS DOCUMENT MUST BE SIGNED BY ALL INCORPORATORS.

I (we) hereby verify, subject to penalties of perjury, that the facts contained herein are true. (Notarization not necessary)

Signature <i>Jennifer Rice</i>	Printed name Jennifer Rice
Signature <i>Tim Prass</i>	Printed name Tim Prass
Signature	Printed name
Signature	Printed name

This instrument was prepared by:  
Edward Squier Neal

Address One North Capitol Tenth Floor	City Indianapolis,	State IN	ZIP code 46204
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**Article VII – Distribution of Assets on Dissolution or Final Liquidation  
Attachment A**

**Distribution will be made to the members.**