



Colorado Secretary of State  
 Date and Time: 02/28/2020 02:28 PM  
 ID Number: 20201199876  
 Document number: 20201199876  
 Amount Paid: \$50.00

Document must be filed electronically.  
 Paper documents are not accepted.  
 Fees & forms are subject to change.  
 For more information or to print copies  
 of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

ABOVE SPACE FOR OFFICE USE ONLY

**Articles of Incorporation for a Nonprofit Corporation**

filed pursuant to § 7-122-101 and § 7-122-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the nonprofit corporation is The Reserve at Corral Bluffs Property Owners Association No. 2, Inc.  
*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the nonprofit corporation's initial principal office is

Street address 1830 Coyote Pt. Drive  
*(Street number and name)*

---

Colorado Springs CO 80904  
*(City) (State) (ZIP/Postal Code)*

---

United States  
*(Province – if applicable) (Country)*

Mailing address  
*(leave blank if same as street address)*

---

*(Street number and name or Post Office Box information)*

---

*(City) (State) (ZIP/Postal Code)*

---

*(Province – if applicable) (Country)*

3. The registered agent name and registered agent address of the nonprofit corporation's initial registered agent are

Name  
 (if an individual) Kunstle Howard J.  
*(Last) (First) (Middle) (Suffix)*

**OR**  
 (if an entity)  
*(Caution: Do not provide both an individual and an entity name.)*

---

Street address 1830 Coyote Pt. Drive  
*(Street number and name)*

---

Colorado Springs CO 80904  
*(City) (State) (ZIP Code)*

Mailing address

(leave blank if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City)      CO      \_\_\_\_\_  
(State)      (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name

(if an individual)

Kunstle      Howard      J.  
(Last)      (First)      (Middle)      (Suffix)

**OR**

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Mailing address

1830 Coyote Pt. Drive  
(Street number and name or Post Office Box information)

Colorado Springs      CO      80904  
(City)      (State)      (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable)      United States  
(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. (If the following statement applies, adopt the statement by marking the box.)

The nonprofit corporation will have voting members.

6. Provisions regarding the distribution of assets on dissolution:

Upon dissolution of the Association, after making appropriate provision for any creditors of the Association and otherwise in accordance with applicable law, after rebate to Members of excess assessments or fees, the assets of the Association shall be distributed a nonprofit corporation, trust or other organization to be devoted to purposes as close as possible to those to which they were required to be devoted by the Association; provided that if no such nonprofit corporation, trust or other organization satisfies those requirements, such assets of the Association shall be distributed per capita to the Owner of each Lot that is subject to the Declaration of Covenants for The Reserve at Corral Bluffs Filing No. 2.

