21-601181

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Secretary of State Statement of Information (California Nonprofit, Credit Union and General Cooperative Corporations)		100							
		<u>F</u>	:		Secreta	_ED y of State California			
IMPORTANT Read instructions before completing this for	rm.			3			_		
Filing Fee - \$20.00; 63					JAN 1	1 9 202	1		
Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees	Ŭ	-		/	/	,			
1. Corporation Name (Enter the exact name of the corporation as it is recorded with the Californi Secretary of State)			26/20/CC This Space For Office Use Only						
Orangecrest Hills Commercial Owners Association			2. 7-Digit Secretary of State File Number						
			C2494102						
3. Business Addresses				_					
a. Street Address of California Principal Office, if any - Do not enter a P.O. Box			City (no abbreviations)				State	Zip Code	
c/o MarWest Commercial 15241 Laguna Canyon Road			Irvine				CA	92618 Zip Code	
PO Box 52798			City (no abbreviations)				CA	92619	
4. Officers The Corporation is required to enter the names and address or Chief Financial Officer may be added, however, the prepr						ditional title f	or Chiel	Executive	Officer
a Chief Executive Officer/ First Name Middle	Name			Last Name					Suffix
Јау				Harvey					
Address			City (no	abbreviations)		State	Zip Code	•
15241 Laguna Canyon Road			Irvine				CA	92618	
	Name			Last Name					Suffix
Brenda				Harvey					l
Address				abbreviations)		State CA	Zip Code	
15241 Laguna Canyon Road	<u></u>		Irvine				CA	92618	
	Name			Last Name Codhill					Suffix
Tony		,	0.00			1	C	Time casta	
15241 Laguna Canyon Road			City (no abbreviations)				State CA	Zip Code 92618	
5. Service of Process (Must provide either Individual OR Corporation.)			Irvine	·			UA	92010	
INDIVIDUAL - Complete Items 5a and 5b only. Must include agent's full na	ame and Ca	alifornia s	irest add	iress.					
a. California Agent's First Name (if agent is not a corporation)		Middle Na	e Name Last Nar			Ne			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no al	City (no abbraviationa)				State CA	Zip Code	<u></u>
CORPORATION - Complete item 5c only. Only include the name of the reg	gistered ag	gent Corp	oration.					-	
c. Catifornia Registered Corporate Agent's Name (if agent is a corporation) - Do not co	mplete Item	n 5a or 5b						· · ·	
FirstService Agent Corporation (C4151852)									
6. Common Interest Developments									
Check here if the corporation is an association formed Common Interest Development Act (California Civil Code Interest Development Act (California Civil Code section 65 Development Association (Form SI-CID) as required by Ca	e section 500, et s	4000, ieq.). T	et seq. The cor) or under poration m	the Com just file a	mercial ai Statemen	nd Ind it by C	lustrial Co common I	ommon nterest
7. The Information contained herein, including in any attachments	s, is true	and co	rrect.			Ø	7	1.12	
12/28/2020 Christine Wilz			Cor	npliance S	Spec	~	n	うくひ	
Date Type or Print Name of Person Completing the Form			Title			Signature	•		
SI-100 (REV 01/2017)						2017 Califon www.sos		etary of State /business/be	