


**Secretary of State  
Statement of Information**

 (California Nonprofit, Credit Union and  
General Cooperative Corporations)

SI-100

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**FILED**  
**Secretary of State**  
**State of California**

AUG 09 2021

**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

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

GUAJOME MEADOWS COMMUNITY ASSOCIATION

This Space For Office Use Only

**2. 7-Digit Secretary of State Entity Number**

C1695023

**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
3129 Tiger Run Ct., #112	CARLSBAD	CA	92010
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
POB 130010	CARLSBAD	CA	92010

**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
Barbara			Crayton	
Address			City (no abbreviations)	State Zip Code
3129 Tiger Run Ct., #112			Carlsbad	CA 92010
b. Secretary	First Name	Middle Name	Last Name	Suffix
Valerie			McKay	
Address			City (no abbreviations)	State Zip Code
3129 Tiger Run Ct., #112			Carlsbad	CA 92010
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
John			Bullard	
Address			City (no abbreviations)	State Zip Code
3129 Tiger Run Ct., #112			Carlsbad	CA 92010

**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
Bryan		Gonzales	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
3129 Tiger Run Ct., #112	Carlsbad	CA	92010

**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.**

08/04/21

Bryan Gonzales

Manager

Date

Type or Print Name of Person Completing the Form

Title

Signature