

## **NOTICE**

TO: Homeowners of  
Hayden Bay Condominiums

FROM: Angela Gosse, Community Manager  
Noah & Associates Community Management

RE: Annual Meeting Information

DATE: February 11, 2011

Enclosed for your review is information about the upcoming Annual Meeting. Please take a moment to fill out and return the Official Directed Proxy and Homeowner Information Sheet in the self-addressed, stamped envelope.

The following information is enclosed:

1. Annual Meeting Notice
2. Directed Proxy\*
3. Information Regarding CPA Review Legislation (Exhibit 1)
4. Homeowner Information Sheet\*
5. Self-Addressed Stamped Envelope

**\*To help with obtaining a quorum prior to the Annual meeting date, we ask that even if you plan to attend please fill out and return the enclosed proxy.**

Should you have any questions about the information enclosed please do not hesitate to contact me at 503-654-0118. Thank you.

# HAYDEN BAY CONDOMINIUM

## 2011 ANNUAL MEETING NOTICE

Date: Wednesday, February 23, 2011

Time: 6:30 p.m.

Place: Recreation Room

- I. Roll Call and Certifying of Proxies
- II. Proof of Notice of Meeting
- III. Approval of Minutes of Preceding Meeting
- IV. Reports of Officers
- V. Reports of Committees
- VI. Election of Directors  
Three, 2-year positions to be filled
- VII. Unfinished Business  
Siding Project
- VIII. New Business  
2011 Budget  
Vote-Annual Audit
- IX. Adjournment

Enclosed is a proxy for your completion. **PLEASE BE SURE TO RETURN YOUR PROXY**, whether you will be attending the meeting or not, so that a quorum may be verified prior to the meeting date. A pre-addressed envelope has been included for your convenience. It is essential that a quorum be obtained so that the Association may conduct necessary business.

*Thank you!*

## **EXHIBIT 1**

TO: Hayden Bay Condominiums Homeowners

FROM: Angela Gosse, Community Manager  
Noah & Associates Community Management

RE: Important Legislation, Please Read!

DATE: February 11, 2011

The Oregon Condominium Statute 100.480 states in section 26, subsection 4 "the Association of unit owners of a condominium that has annual assessments exceeding \$75,000.00 shall cause the financial statement required under subsection (3) of this section to be reviewed within 180 days after the end of the fiscal year by an independent certified public accountant licensed in the State of Oregon in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants."

Subsequently, the statute goes on to state that "An Association of unit owners subject to the requirements of subsection (4) of this section may elect, on an annual basis, not to comply with the requirements of subsection (4) of this section by an affirmative vote of at least 60 percent of the owners, not including the votes of the declarant with respect to units owned by the declarant."

**The cost to have a review for your Association is approximately \$1,700.00, if the owners feel they do not want to have a review a vote of at least 60% of the owners against the review will need to be sought.**

**In your Annual meeting proxy you will see that there is a place to vote. Even if you are planning on attending, please fill out your proxy and return in the envelope enclosed.**

Thank you for your attention to this matter. Please contact me at (503) 654-0118 if you should have any questions. Thank you!

**HAYDEN BAY CONDOMINIUMS**  
**PLEASE COMPLETE AND RETURN THIS FORM**  
**THANK YOU!**

**Please fill in the information in this box completely**

Date: \_\_\_\_\_

**OWNER INFORMATION**

Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

I give permission for my phone number and e-mail to be listed in an owner directory:

\_\_\_\_ Yes      \_\_\_\_ No

☐ **No changes below from last update**  
**(Please check box if appropriate)**

Date of Purchase: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address (if different than unit): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**RENTER INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please provide below a person(s) who may be contacted in the event of an emergency (preferably this individual should have access to your home). Thank you.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**VEHICLE REGISTRATION**

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate Number \_\_\_\_\_