Barclay Park Association Information Update Form

Barclay Park Association (BPA) Bylaws (Sections VIII.1 and IX.3) require Co-Owners to register the holders of any mortgages ("mortgagees") on BPA condominiums (Units) with the Association. BPA is also required to maintain the name and contact information of the person designated to represent each Unit at Association meetings, to cast the Unit's vote in elections and other matters requiring a vote of the Co-owners, and to receive legal communications from the Association.

Action Required:

All Co-Owners are required to complete and return this form so that the Association can comply with Michigan state law. The management company mailing address is as follows:

Barclay Park Association <u>c/o Meadow Management</u> <u>27780 Novi Rd., Suite 110,</u> <u>Novi, MI 48377</u>

Co-owners are responsible for filing an updated form if the information previously filed becomes out-of-date.

Units with missing or inaccurate information may be assessed a fine of up to **\$100 per month** for <u>each month</u> that this information remains incomplete or inaccurate.

Thank you for your assistance and cooperation in keeping BPA records current.

Sincerely,

The Barclay Park Board of Directors

BARCLAY PARK ASSOCIATION (BPA) REGISTRATION OF MORTGAGE INFORMATION

LENDER NAME:	
	(If Unit has no mortgage, write "No Mortgage")
LOAN NUMBER:	
PAYMENT ADDRESS:	

DESIGNATION OF VOTING REPRESENTATIVE

The undersigned, being the Co-owner(s) of the specified Condominium Unit in Barclay Park, hereby designate(s) the following person as its authorized representative to cast its vote at meetings of BPA, to be counted for quorum at such meetings, and to receive notices and other communications from the Association on behalf of the undersigned Co-owner(s):

CONDO (UNIT) ADDRESS: _	Barc	lay Way
DESIGNEE NA	ME:		
MAILING ADD	RESS:		
			lay Park community discussion forum.
PHONE NUMB	ED.		
ALL <u>CO-OWN</u>	<u>ERS</u> OF THE UNIT	MUST SIGN:	
1) Name:		Signature:	
2) Name:		Signature:	
3) Name:		Signature:	
4) Name:		Signature:	
Dated:	, 20		
		-	* Association in care of:
Mead	iow Management. 2	27780 NOVI Rd S	uite 110. Novi. MI 48377

<u>Thank you</u>.