



OWNERS ASSOCIATION OF BELLA VISTA VILLAS, INC.

To Whom It May Concern:

Enclosed is our standard Information Letter for OWNERS ASSOCIATION OF BELLA VISTA VILLAS, INC. This form has all the information that is normally requested. We provide this form free of charge. The warrantability for FHA, VA, FNMA, FHLMC, CONV loans are dependent on each individual lender underwriting requirements.

If additional information is requested or you need your own form filled out, there will be a \$100.00 charge for this service. Please let us know if additional information is needed.

Sincerely,

Silvia Gregory.

Association Business Manager
Westwind Management Group, Inc.

15150 EAST ILIFF AVENUE
Ph (303) 369.1800

AURORA, CO 80014
Fax (303) 369.0007

www.westwindmanagement.com

OWNERS ASSOCIATION OF BELLA VISTA VILLAS, INC.
INFORMATION LETTER

1. Community Name: **OWNERS ASSOCIATION OF BELLA VISTA VILLAS, INC.**
Address: _____
2. Total number of homes in the Community: **50**
3. Total number of homes sold and closed: **50**
4. Sold but not closed: **0**
5. Total number of homes within Community occupied as:
Owner Occupied principal (7/10): **45**
Investment/rental: **5**
6. Does any one person own more than 10% of the homes? **NO (07/10)**
7. Is ownership in the Community fee-simple? **Yes - (not leasehold)**
8. Do the Community's recorded legal documents allow the Community to be expanded by additional phases or homes not yet constructed? **NO**
9. How many stories are in the Community? **TWO**
10. Are the homes, common areas and facilities completed? **Yes**
11. What amenities are included in the common areas? Exterior swimming pool.
12. Is the Community a conversion of a building? **NO**
13. Is the control of the Owner's Association turned over to the unit purchasers? **Yes - Year of transfer: 1996**
14. Is there more than one association for the Community? (Such as what is called Master or Umbrella Association) **NO**
15. Is there a management company? **Yes**
WESTWIND MANAGEMENT GROUP, INC.
15150 E ILIFF AVE., AURORA, CO 80014
303-369-1800 FAX: 303-369-0007
16. Amount of monthly association fee: **\$300.00**
17. All fees are paid **monthly**. Special Assessments? **NO**
18. Transfer fee: **\$175.00 (\$225.00 if needed within 72 hours or an account is over 30 days delinquent)**

19. Phases: **TWO**
20. Any litigation against the Association? **NO**
21. Insurance: **Keller-Lowry Agency (Kathy) 303.756.9909 (Travelers Insurance)**
22. Does the Association permit weekly or daily rentals? **NO**
23. Working capital: **\$600.00**

I hereby certify that the questionnaire has been answered by management to the best of our knowledge and without independent verification.

Candice TerHark

Candice TerHark
Authorized Representative

Phone 303-369-1800 Ext. 106

07/30/10