# MERION HOMEOWNER'S ASSOCIATION MANAGEMENT CERTIFICATE - DALLAS COUNTY

In accordance with Texas Property Code Section 209.004, Texas Residential Property Owners Protection Act, **MERION HOMEOWNER'S ASSOCIATION**, certifies as to the following:

1. The name of the subdivision is:

#### **MERION**

2. The name of the association is:

### MERION HOMEOWNER'S ASSOCIATION

3. The recording data for the subdivision (plat) is:

Declaration of Covenants, Conditions, and Restrictions Doc. 201600150223

4. The recording data for the declaration (including covenants, bylaws, and rules and regulations) is:

Certificate of Formation

Bylaws of Merion Homeowner's Association

Rental Policy

Doc. 201500316022

Doc. 201600150222

Doc. 202000063659

5. The recording data for each amendment to the declaration (including covenants, bylaws, and rules and regulations) is:

First Amendment to the Bylaws

First Amendment to the Covenants and Restrictions

Second Amendment to the Covenants and Restrictions

Doc. 201700101105

Doc. 201700127235

Doc. 202000063697

6. The mailing address for the association is as follows:

## MERION HOMEOWNER'S ASSOCIATION

c/o Vision Communities Management Incorporated 5757 Alpha Road, Ste. 680 Dallas, Texas 75240

7. The name, address, telephone number, and email address of the person managing the association or the association's designated representative are as follows:

Vision Communities Management Incorporated 5757 Alpha Road, Ste. 680 Dallas, Texas 75240 Phone: (972) 612-2302

## Email: info@vcmtexas.com

8. The website address on which the association's dedicatory instruments are available:

https://merionparkhoa.nabrnetwork.com/

9. The following fees are charged by the association relating to a transfer of property within the association:

Resale Certificate:	\$340.00
Statement of Account:	\$50.00
Refinance Certificate:	\$50.00
Transfer Fee to management company:	\$250.00
Capital Reserve Fund:	\$500.00
Initiation Fee:	\$350.00

EXECUTE	D as of	, 2023.
		Vision Communities Management Incorporated as managing agent for the association  By (signature):  Name (printed):  COD  Title:
The State of T	Γexas §	
County of Da	llas §	
This instrument was acknowledged before me on the <a href="#parabox">9<sup>th</sup></a> day of <a href="#parabox">March</a> , 2023, by <a href="#parabox">2023, by </a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>		

After Recording, Please Return To: Vision Communities Management Incorporated 5757 Alpha Road, Suite 680 Dallas, TX 75240

