COLLEGE PLACE PROPERTY OWNERS ASSOCIATION

BOARD OF DIRECTORS BOARD MEMBER APPLICATION AND INFORMATION FORM - 2025

| NAME: | |
|--|---|
| ADDRESS(ES): | _ |
| I understand that an opening(s) is available on the College Place Property Owners Associat Directors and that the candidate(s) who receives the greatest number of votes will be elected always contribute to the business aspects of the Association and fairly represent the Association impartially as a Board Member with the sole objective of representing the best into Association. I understand that the Board of Directors is charged with the responsibility to gaffairs of the Association per the governing documents and I must fully understand those do not be in personal violation of any part of them. I understand that the Board of Directors mudecisions based on what is in the best interest of the community as a whole, not in the interest individual Lot/Unit owner or group of Lot/Unit owners, and I believe I can make a contributed decision-making process. If the vote does not go my way, I will fully support and accept the majority of the voting owners and the Board of Directors. If I am elected to the Board of Director use my position to gain personal power or advantages not available to the general member community and, if exposed to confidential information, I will not disclose the information to outside of the Board of Directors and/or the management company. I also understand that the distributed to the College Place Property Owners Association owners. (Optional) Please provide a description of your qualifications. Include any pertinent work evell as a statement addressing why you want to serve as a Director of the College Place ProAssociation. This form may be distributed to owners. | d. I believe I can ation and erests of the govern the ocuments and ust make its est of any ation to this e decision of the irectors, I will bership of the to anyone his form will be experiences, as |
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| SIGNATURE: | |

Please return the completed Board Member Application and Information Form to Leyendecker Management Services for receipt **no later than close of business on Monday, March 3, 2025**. This form may be sent via email to kwilkinson@leyendeckergroup.com, faxed to 713-975-6658, mailed to P.O. Box 420066, Houston, TX 77242-0066, or delivered to 10375 Richmond Ave., Suite 1350, Houston, TX 77042.