

REAL ESTATE DISCLOSURE -VA Code Ch. 18, Title 55-1 - Current as of [TBD, 2022]

All fees and costs shall be the personal obligation of the lot owner and shall be an assessment against the lot and collectible as any other assessment in accordance with the provisions of the declaration and 55-1-1833, if not paid at settlement or within 60 day of delivery of the disclosure packet, whichever occurs first.

SUNDANCE MT. SOUTH ASSOCIATION, INC. - INCORPORATION DATE: JANUARY 4, 1995 - STATE OF VIRGINIA

SMSA Mailing Address: SMSA, inc.
PO Box 628
Timberville, VA 22853-0628

Registered Agent: Alan Herman
5569 N. 16th St.
Arlington, VA 22205-2749

email: sundancemtsouth@gmail.com

Board of Directors: <https://www.sundancemtsouth.org/board.html>

Phone: 540-896-3056

President: sundancemtsouth@gmail.com

Treasurer: smsatreas22@gmail.com

Secretary: smsasecy@gmail.com

PROPERTY INFORMATION

Lot		Known or reported SMSA violations or member complaints: TO BE ADDED IF ANY
Shared Well		
911 SMSA Address		
County of:		
SMSA Lien Information:		

ASSESSMENTS AND WELL REPAIRS

Assessments are voted upon annually by the membership based on the member-approved budget.

Well repairs costs are divided equally among shared well owners.

Now Due

Annual HOA Assessments: \$ 315.00

Annual Well Electricity Fee: \$ 65.00

Outstanding Well Repair Bills:

TOTAL OWED:

There are no other fees from any other entity or facility to which this lot may be liable.

GOVERNING DOCUMENTS AND KEY INFORMATION

[Articles of Incorporation](#)

CCRS – [COUNTY TO TBD]

[Bylaws](#)

[Rental Property Bylaws](#)

SMSA Financials - **ATTACHED**

SMSA Insurance –**ATTACHED**

(Property insurance by owner is recommended)

[Annual Assessment Form](#)

[SMSA Meeting Minutes](#)

SMSA CICB Certification 0550010074

[Frequently Asked Questions](#)

[Members' Complaint Procedure](#)

Sundance Mt. South Association
Contact Information

SMSA Inc.
PO Box 628
Timberville, VA 22853-0628
Phone: 540-896-3056
Email: vllybk@comcast.net

REQUIRED PURCHASER INFORMATION (Please send to the above address)

	OWNER 1	CO-OWNER
Name		
Address 1		
Address 2		
City		
State		
Zip		
Phone		
email 1		
email 2		
Full-time residency?	Please circle one: YES - or - NO	
Rental property?	Please circle one: YES - or - NO	If YES, please read the Bylaws section on rental property
Preferred means of billing:	Please circle one: Email - or - U.S. Postal Service	

NOTE: We ask members to read and sign the 2022 [Amended Covenants Ratification](#) and return with the above information.

KEY MEMBER INFORMATION

[SMSA Website](#)

[Rental Property – Section 2.10 of the Bylaws](#)

[Annual Assessment Form](#)

[Frequently Asked Questions](#)

[Members Web Page](#)