RECORDING REQUESTED BY AND AFTER RECORDED RETURN TO:

SHILOH HOMEOWNERS ASSOCIATION

c/o Steward Property Services, inc.
720 South Point Boulevard, Suite 210
Petaluma, CA 94954



GENERAL PUBLIC 07/27/2007 12:06 DCLRE RECORDING FEE: 16.00 PAID

2007084132

OFFICIAL RECORDS OF SONOMA COUNTY JANICE ATKINSON







THIRD AMENDMENT TO DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTION FOR SHILOH

THIS THIRD AMENDMENT (the "Amendment") to the Restated Declaration of Covenants, Conditions and Restrictions for Shiloh, recorded in the Office of the County Recorder of Sonoma County, California, as instrument No. 89005213 (the "Declaration"), is made this third day May, 2007, by the SHILOH HOMEOWNERS ASSOCIATION, a California nonprofit mutual benefit corporation,

The Declaration encumbers the real property described as follows:

Lots 1 through 23, inclusive, and Pared "A", as shown on the Map entitled "Shiloh Phase 1" recorded In Book 426 of Maps, Pages 14-26, Official Records of Sonoma County.

Lots 1 - 15, inclusive and Parcels "A" and "B" as shown on that certain subdivision map entitled "Tract 875, Shiloh Unit 3" recorded on February 28, 1991, in the Official Records of Sonoma County, California, in Book 473 of Maps, Pages(s) 6 though !2.

Lots 1 through 18, inclusive, and Parcels A, B, and D as shown on that certain subdivision map entitled "Shiloh Phase 4" recorded of April 14, 1992 in the Official Records of Sonoma County, California in Book 490 of Maps, Pages 40 through 46.

Lots 1 through 3, inclusive, and Parcels B and C as shown on that certain subdivision map entitled "Shiloh Phase 5, recorded of December 23; 1999 in the Official Records of Sonoma County, California in Book 603 of Maps, Pages 5 through 8.

By this document, the Declaration is amended pursuant to the provisions of Section 5.08 thereof, as follows:

- a. Section 5.03, subdivision C (entitled "Cumulative Voting"), of the Declaration is hereby deleted in its entirety.
- b. Invalidation of any provision contained in this Amendment by judgement, court order, or otherwise, shall in no way affect any other provision contained herein, or in the Declaration, which shall remain in full force and effect.
- c. All terms used in this Amendment which are defined in the Declaration shall have the same meaning as in the Declaration.

The undersigned are the President and Secretary of the Shiloh Homeowners Association and hereby certify and declare that pursuant to the provision of Section 5.08 of the Declaration, the foregoing amendment was approved by the affirmative consent, in writing, of the Members representing more than four-fifths (4/5) of the total voting power of the Association.

SHILOH HOMEOWNERS ASSOCIATION, A California nonprofit mutual benefit corporation. By: Maw Lewes	
By:	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	
County of Sama	> SS.
County of County of	
On $\frac{M_{\text{Out}}}{32007}$ before m	e, <u>Jennifer Wwiel on a Natury Wblic</u> Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Mourin Sci	Name(s) of Signer(s)
	personally known to me proved to me on the basis of satisfactory evidence
JENNIFER MARIE LOORYA Commission # 1732569 Notary Public - California Sonoma County MyCamm. Expires Mar 19, 2011	to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(e), or the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal. Signature of Notary Public
	OPTIONAL —————————
	ay prove valuable to persons relying on the document and could prevent
fraudulent removal and reatt	
fraudulent removal and reatt	ay prove valuable to persons relying on the document and could prevent
fraudulent removal and reatt Description of Attached Document	ay prove valuable to persons relying on the document and could prevent tachment of this form to another document.
fraudulent removal and reath Description of Attached Document Title or Type of Document:	ay prove valuable to persons relying on the document and could prevent tachment of this form to another document.
Prescription of Attached Document Title or Type of Document: Document Date:	ay prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages:
Prescription of Attached Document Title or Type of Document: Document Date:	ay prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages:
Parameter of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above:	ay prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages:
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer	ay prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages:
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name:	An any prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages: RIGHT THUMBPRINT OF SIGNER
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual	Ay prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages: RIGHT THUMBPRINT
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name:	An any prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages: RIGHT THUMBPRINT OF SIGNER
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — □ Limited □ General	An any prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages: RIGHT THUMBPRINT OF SIGNER
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact Trustee	An any prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages: RIGHT THUMBPRINT OF SIGNER
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	An any prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages: RIGHT THUMBPRINT OF SIGNER
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — □ Limited □ General Attorney-in-Fact	An any prove valuable to persons relying on the document and could prevent tachment of this form to another document. Number of Pages: RIGHT THUMBPRINT OF SIGNER

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	ss.
County of Anoma	_ J
On <u>JJV 19.2001</u> before me, _	Junifor Marie Lavya Notary RD Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared <u>Volovo</u> PU	Name(s) of Signer(s)
	personally known to meproved to me on the basis of satisfactory evidence
JENNIFER MARIE LOORYA Commission # 1732569 Notary Public - California Sonoma County MyComm. Expires Mar 19, 2011	to be the person(e) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
	WITNESS my hand and official seal. Signature of Notary Public
	TIONAL
Though the information below is not required by law, it may pro-	TIONAL Trove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may perfectly fraudulent removal and reattached	rove valuable to persons relying on the document and could prevent
Though the information below is not required by law, it may perfect fraudulent removal and reattached Description of Attached Document	rove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may perfect fraudulent removal and reattached Description of Attached Document	rove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may professional fraudulent removal and reattached. Description of Attached Document Title or Type of Document:	rove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may professional fraudulent removal and reattached Description of Attached Document Title or Type of Document:	rove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may professional fraudulent removal and reattached Description of Attached Document Title or Type of Document: Document Date:	rove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may profession of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above:	rove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may profession of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above:	rove valuable to persons relying on the document and could prevent ment of this form to another document.
Though the information below is not required by law, it may profession of Attached Document Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer	nove valuable to persons relying on the document and could prevent ment of this form to another document. Number of Pages:
Though the information below is not required by law, it may profession of Attached Document Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name:	Number of Pages: RIGHT THUMBPRINT OF SIGNER
Though the information below is not required by law, it may profession of Attached Document Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual	nove valuable to persons relying on the document and could prevent ment of this form to another document. Number of Pages: RIGHT THUMBPRINT
Though the information below is not required by law, it may professional fraudulent removal and reattached. Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s):	Number of Pages: RIGHT THUMBPRINT OF SIGNER
Though the information below is not required by law, it may profession of Attached Document Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General	Number of Pages: RIGHT THUMBPRINT OF SIGNER
Though the information below is not required by law, it may profession of Attached Document Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact	Number of Pages: RIGHT THUMBPRINT OF SIGNER
Though the information below is not required by law, it may profession of Attached Document Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact Trustee	Number of Pages: RIGHT THUMBPRINT OF SIGNER
Though the information below is not required by law, it may professional fraudulent removal and reattached. Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator	Number of Pages: RIGHT THUMBPRINT OF SIGNER
Though the information below is not required by law, it may profession of Attached Document Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact Trustee	Number of Pages: RIGHT THUMBPRINT OF SIGNER