



Phone: (503) 986-2200  
Fax: (803) 378-4381

Articles of Incorporation—Nonprofit

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

FILED

OCT 23 2003  
OREGON  
SECRETARY OF STAT

REGISTRY NUMBER: 179712-92

In keeping with Oregon Statute 192.410-192.595, the information on the application is public record. We must release this information to all parties upon request and it may be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: Sabin Community Association

2) REGISTERED AGENT  
Betty Walker

3) DISTRIBUTION OF ASSETS UPON DISSOLUTION

3) ADDRESS OF REGISTERED AGENT  
(Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; no PO boxes.)  
3124 NE 17th Ave,  
Portland, OR 97212

Payment of any  
outstanding bills (ie. Newsletter  
printing bills) and the  
rest would be returned to  
the Northeast Coalition of  
Neighborhoods (NECN)  
4815 NE 17th Ave, Portland  
OR 97211.

4) ADDRESS FOR MAILING NOTICES  
Sabin Community Association  
4815 NE 17th Avenue  
Portland, OR 97211

6) TYPE OF CORPORATION (Select only one)  
 Public Benefit  Mutual Benefit  Religious

(We do not wish to dissolve  
at this time)

7) WILL THE CORPORATION HAVE MEMBERS?  Yes  No

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)  
Phil Phifer, President, 4621 NE 16th Ave 97212 Portland  
Fred Smith, Vice Pres, 3728 NE 15th Ave Portland 97212  
George Karlson, Treasurer, 4525 NE 20th Ave Portland 97212  
Betty Walker, Secretary, 3124 NE 17th Ave Portland 97212

10) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)  
Printed Name GEORGE KARLSON Signature George Karlson  
Betty Walker Betty Walker  
Phil Phifer  
Fred Smith FRED SMITH

FEES	
Required Processing Fee	\$20
Processing Fees are nonrefundable.	
Please make check payable to "Corporation Division."	
NOTE: Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.	

11) CONTACT NAME (To resolve questions with this filing.) Betty Walker  
DAYTIME PHONE NUMBER (include area code.) (503) 281-1768

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10-23-03  
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Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 986-2200  
Fax: (503) 378-4381  
www.sos.state.or.us/corporation/corphp.htm

Registry Number: 179712-92  
Date of Incorporation: 10/23/2003  
Type: DOMESTIC NONPROFIT  
CORPORATION

06/14/2005

GEORGE CARLSON *KARLSON*  
4529 NE 20TH AVE  
PORTLAND OR 97211

FILED

JUL 28 2005

OREGON  
SECRETARY OF STATE

RE: SABIN COMMUNITY ASSOCIATION  
REINSTATEMENT AMENDED

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$100.00 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 12-23-04.

Your 2005 annual report will be due on 10-23-05. We will be sending it out to you approximately 45 days in advance.

The reason(s) for administrative dissolution has been eliminated or did not exist.

By: *George Karlson* Date: *7/18/05*  
(Authorized Signature)

Any fees submitted with this document are nonrefundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200

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NONFILEABLE  
06/14/2005

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Articles of Amendment - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED

MAY 16 2018

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 179712-92

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

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Please Type or Print Legibly in Black Ink.

1) ENTITY NAME: Sabin Community Association

2) STATE THE ARTICLE NUMBER(S): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

Article 7. The corporation will have members.

3) THE AMENDMENT WAS ADOPTED ON: April 9, 2018

(if more than one amendment was adopted, identify the date of adoption of each amendment.)

4) CHECK THE APPROPRIATE STATEMENT:

- Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.
Membership approval was required.

The membership vote was as follows:

Table with 5 columns: Class(es) entitled to vote, Number of members entitled to vote, Number of votes entitled to be cast, Number of votes cast FOR, Number of votes cast AGAINST.

5) EXECUTION: (Must be signed by at least one officer or director.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

Title:

Rachel Lee

Rachel Lee

Secretary

CONTACT NAME: (To resolve questions with this filing.)

Rachel Lee

PHONE NUMBER: (Include area code.)

(503) 294-9403

FEES

Required Processing Fee \$50

No Fee for Nonprofit Type Change.

SABIN COMMUNITY ASSOCIATION



17971292-19032230

AMDART

Corporation Division.

Name Search program.