

AGENDA
REGULAR MONTHLY MEETING OF THE BOARD OF DIRECTORS
SEAL BEACH MUTUAL FOUR
January 11, 2023

Open Forum begins at 8:30 a.m. – Meeting begins at 8:45 a.m.
Conference Room A and via Zoom Video & Conference Call

TO ATTEND ON ZOOM: The Shareholder will be provided with instructions on how to access the call via Zoom/telephone upon the Shareholder contacting Mutual Administration and requesting the log-in information. Please submit your information, including your name, Unit number, and telephone number, via e-mail at mutualsecretaries@lwsb.com or by calling (562) 431-6586 ext. 313, by 01/10/2023 no later than 3:00 p.m., the business day before the date of the meeting.

TO PROVIDE COMMENTS DURING MEETING: In order to make a comment during the open Shareholder forum, the Shareholder must submit all the necessary information stated above, via e-mail at mutualsecretaries@lwsb.com, and state their intent to speak. Please send in your request by 01/10/2023 no later than 3:00 p.m., the business day before the date of the meeting.

1. CALL TO ORDER/PLEDGE OF ALLEGIANCE

2. ROLL CALL

President Levitt, Vice President Conley, Secretary Kuhl, Chief Financial Officer Smith, Directors Smith, Green and Glasser

3. INTRODUCTION OF GRF REPRESENTATIVE, STAFF, AND GUEST(S):

Marsha Gerber, GRF Representative
Ryan Quental, Building Inspector
Ripa Barua, Portfolio Specialist
Nancy Duarte, Assistant Portfolio Specialist

4. APPROVAL OF MINUTES

a. **Regular Meeting Minutes of December 14, 2022**

5. **BUILDING INSPECTOR'S REPORT**

Mr. Quental

Permit activity; escrow activity; contracts & projects; shareholder and mutual requests (p.3)

a. Discuss and vote to approve cart pad at unit 78-L (pp.4-6)

b. Discuss and vote to approve exterior enclosure at unit 82-G (pp.7-9)

6. GRF REPRESENTATIVE

Ms. Gerber

7. SECRETARY / CORRESPONDENCE

Ms. Kuhl

8. CHIEF FINANCIAL OFFICER'S REPORT

Mrs. Smith

9. **Unfinished Business**

a. Discuss and vote to ratify amending Rule 04-7557-1 – Permitted Health Care Resident (PHCR) (pp.11-15)

10. NEW BUSINESS

- a. Approval of monthly finances (p.16)
- b. Discuss and vote to approve sending out the Opt-Out Notice to Mutual Four shareholders (pp.17-18)
- c. Discuss flyer for garden/porch/patio pots

STAFF BREAK BY 11:00 a.m.

11. PORTFOLIO SPECIALIST REPORT

Ms. Barua

12. COMMITTEE REPORTS

- a. Mutual Administration Committee Ms. Kuhl
- b. Recreation Ms. Kuhl
- c. Physical Property Mr. Conley
- d. Landscape Mrs. Smith/ Mr. Smith
- e. Special Events Mr. Smith
- f. Electric Vehicle Ms. Green

13. ANNOUNCEMENTS

- a. **NEXT MEETING: Wednesday, February 8, 2023, Open Forum begins at 8:30 a.m. and the Meeting begins at 8:45 a.m. in the Administration Building, Conference Room A and via Zoom Conference Call**

14. DIRECTORS' COMMENTS

15. SHAREHOLDERS' COMMENTS (3 minutes)

16. ADJOURNMENT

17. EXECUTIVE SESSION

STAFF WILL LEAVE THE MEETING BY 12:00 p.m.

MONTHLY MUTUAL INSPECTOR REPORT

 MUTUAL: **(04) FOUR**

 DATE: **JANUARY**

 INSPECTOR: **RYAN QUENTAL**

PERMIT ACTIVITY

UNIT #	WORK DESCRIPTION	GRF/CITY PERMIT	START DATE	FINISH DATE	CHANGE ORDER	RECENT INSPECTION	CONTRACTOR
39-C	HVAC	BOTH	12/06/22	03/06/23	NO		GREENWOOD
40-J	ENTRY DOOR	BOTH	06/09/22	12/09/22	NO		RYDEN CONSTRUCTION
42-E	ADDITION	BOTH	08/11/22	03/30/23	NO	12/22/22 - M.E.P	MP CONSTRUCTION
44-K	HVAC	BOTH	12/14/22	03/14/23	NO		GREENWOOD
45-G	FLOORING	GRF	12/20/22	01/30/23	NO	1/4/23 - FINAL	KARYS CARPET
45-G	HVAC	BOTH	11/16/22	02/16/23	NO		GREENWOOD
47-B	ADDITION	BOTH	07/23/22	03/31/23	NO	1/3/23 - U.G PLUMBING	MP CONSTRUCTION
47-G	HVAC	BOTH	12/22/22	02/22/23	NO		ALPINE
47-G	TILE	GRF	10/01/22	02/24/23	YES		BERGKVIST
47-I	REMODEL	BOTH	06/27/22	03/01/23	YES	11/28/22 - DRYWALL	HANDYCREW
47-J	ADDITION	BOTH	07/15/22	07/15/23	NO	12/15/22 DRYWALL	L & S CONSTRUCTION
47-L	WINDOWS	BOTH	07/30/21	07/29/22	YES	(Material Back Order)	ROBERTS CONSTRUCTION
50-H	REMODEL	BOTH	04/22/22	08/31/22	YES	12/12/22 - FINAL (Recall)	TOP DOWN
50-K	SHOWER CUT DOWN	BOTH	12/29/22	01/29/23	NO		NUKOTE
75-H	SHOWER	BOTH	12/06/22	03/15/23	NO		LW DÉCOR
80-D	SKYLIGHT	BOTH	12/01/22	02/28/23	NO		SOCAL HOME
81-B	FRENCH DOORS	BOTH	08/25/22	12/30/22	YES	12/15/22 - FRAMING	LW DÉCOR
81-L	BLOCK WALL	GRF	09/26/22	10/26/22	NO		MJ JURADO
82-G	1/2 BATH	BOTH	07/06/22	03/18/23	YES	8/18/22 - ELECTRICAL	LOS AL BUILDERS
83-G	WINDOWS	GRF	05/12/22	10/12/22	NO	(Material Back Order)	CAL CUSTOM
86-A	REMODEL/PATIO	GRF	04/11/22	08/31/22	NO	1/4/23 - FOUNDATION	BA CONSTRUCTION

ESCROW ACTIVITY

UNIT #	NMI	PLI	NBO	FI	FCOEI	ROF	ACTIVE	CLOSING	CLOSED
49-I		10/13/22	12/07/22	12/08/22	12/20/22		7	2	33
50-A		09/27/22							
51-D		11/07/22	12/07/22	12/08/22	12/20/22				
79-K		11/18/22							
81-E		11/01/22							
81-I		09/27/22							
87-K		08/09/22	10/24/22	10/27/22	11/08/22	01/03/23			
88-E		03/22/22							

NMI = New Member Inspection PLI = Pre-Listing Inspection NBO = New Buyer Orientation
 FI = Final Inspection FCOEI = Final Close of Escrow Inspection ROF = Release of Funds

CONTRACTS & PROJECTS

CONTRACTOR	PROJECT	EXPIRATION
Total Landscape	Landscape Maintenance	12/31/2023
Fenn Pest Control	Termites on Wednesday Only	4/30/2023
Empire Pipe	Sewer Cleaning (Invoice 3 of 3 Paid)	12/30/2022

SHAREHOLDER & MUTUAL REQUESTS

SHAREHOLDER	MUTUAL
84L Concrete trip hazard repair.	GAF Bus Bench Donation (On Hold - Awaiting Order)
47I Smoke detector on patio beeping.	
84F Concrete placement.	Fire Inspections
73F Back to back stoppage.	
45G Lock box key issue.	

Mutual Corporation No. Four

MEMO

TO: MUTUAL BOARD OF DIRECTORS
FROM: MUTUAL ADMINISTRATION
SUBJECT: DISCUSS AND VOTE TO APPROVE CART PAD AT UNIT 78-L (BUILDING INSPECTOR'S REPORT, ITEM A)
DATE: JANUARY 11, 2023
CC: MUTUAL FILE

I move to approve Frank's Gardening proposal for cart pad at unit 78-L at the shareholder's expense.

**GOLDEN RAIN FOUNDATION
BUILDING PERMIT**

Fee: \$ 25.00

Permit: # 17229

START DATE 12/15/2022 MUTUAL 04-0000 APT NO 078L

COMPLETION DATE 01/25/2023 TODAY'S DATE 12/14/2022

RESIDENT NAME _____ ADDRESS _____

NATURE OF ALTERATION:

Electric Cart pad dimensions: 7' wide by 9' long. Material: "Used Brick". Following the design & using same kind of brick on the existing sitting area. Any existing sprinklers in the area for the cart pad will be relocated.

(Per Building Mutual Standards)

Do not change or add to the above-specified alterations without proper written approval and change order from the Physical Property Office.

NOTICE TO RESIDENT OF AGREEMENT

This represents your official Building Permit. When you receive this permit, place it in a conspicuous location in or at your unit. No alteration may be started until this permit is posted. Do not remove this permit until final inspections are completed.

I, Gary Harris, Owner/Member of the above apartment do hereby agree to bear the expense of the above alterations and, in the event of vacating this apartment, this alteration shall thereupon remain as part of the building.

I agree all work will comply with Foundation and Mutual Corporation policies, regulations and procedures. During my occupancy of this apartment, I will be free to use and enjoy the alteration within the framework of the Occupancy Agreement.

I also agree to be personally responsible for the repair and maintenance of the alteration, and authorize, in the event of my failure to perform, the Mutual Corporation to perform repairs or maintenance upon the alteration even though part of the alteration which has been authorized may be exterior to use interior surfaces of the perimeter walls, floors, and ceiling of the dwelling unit.

Further, I agree that I will personally maintenance the alteration and, in the event of my failure, after reasonable notice from the Mutual Corporation in the event that the Mutual Corporation performs any repairs or maintenance upon the alteration. I will immediate pay the Mutual Corporation upon being billed.

I will, in the event of sale or transfer, obtain the consent of the new owner/member(s) to become responsible for the repair and maintenance of the alteration herein provided.

Mutual Director's Signature _____ Date _____

Owner/Member Signature _____ Date _____

NOTICE TO CONTRACTOR – Contractor performing this work is required to maintain insurance in such amounts as may be deemed adequate by the Physical Property Office, considering the nature of the work which is undertaken. Prior to the issuance of this Building Permit, Certificates of Insurance and Endorsements, together with Contractor's licenses issued by the State of California and the City of Seal Beach, must be filled with the Physical Property Office.

CONTRACTOR MUST CALL PHYSICAL PROPERTY OFFICE FOR INSPECTIONS WHEN JOB IS READY.

City of Seal Beach Permit Required? Yes No Permit # _____

For final inspection, Contractor must call both the Physical Property Office and City of Seal Beach for a joint final inspection. (24 hours' notice is required)

NOTICE: Contractor must furnished copy of City of Seal Beach Permit with Valuation Amount before start of job. Contractor must furnish Lien Release to Physical Property Office upon completion of alterations.

Contractor's Signature _____ Date _____
Frank's Gardening

GRF Inspection/Supervisor, Physical Property Office _____ Date _____

	<u>Approved By</u>	<u>Date</u>		<u>Approved By</u>	<u>Date</u>
BUILDING					
Footing	_____	_____	Landscaping	_____	_____
Framing	_____	_____	Lock Box w/ key	_____	_____
Wood Treatment	_____	_____	ELECTRICAL WORK		
Shear Panel	_____	_____	Rough Wiring	_____	_____
Insulation	_____	_____	Final Inspection	_____	_____
Roof Sheathing	_____	_____	HVAC		
Roof	_____	_____	Rough Wiring	_____	_____
Flashing	_____	_____	Final Inspection	_____	_____
Lathing	_____	_____	Rodent Proofing	_____	_____
Dry Wall	_____	_____	PLUMBING		
Scratch Coat	_____	_____	Ground Work	_____	_____
Brown Coat	_____	_____	Rough Plumbing	_____	_____
Finish Plastering	_____	_____	Finish Work	_____	_____
Miscellaneous	_____	_____	FINISH BUILDING		
Tile Approval	_____	_____		_____	_____

APARTMENT

Mutual 4

1,700.-

APARTMENT
ENTRANCE



Side Walk.

Mutual Corporation No. Four

MEMO

TO: MUTUAL BOARD OF DIRECTORS
FROM: MUTUAL ADMINISTRATION
SUBJECT: DISCUSS AND VOTE TO APPROVE EXTERIOR ENCLOSURE AT UNIT 82-G
(BUILDING INSPECTOR'S REPORT, ITEM B)
DATE: JANUARY 11, 2023
CC: MUTUAL FILE

I move to approve Los Al Builders proposal for exterior enclosure at unit 82-G at the shareholder's expense.

**GOLDEN RAIN FOUNDATION
BUILDING PERMIT**

Fee: \$ 176.40

Permit: # 17249

START DATE 12/31/2022 MUTUAL 04-0000 APT NO 082G

COMPLETION DATE 03/18/2023 TODAY'S DATE 12/16/2022

RESIDENT NAME _____ ADDRESS _____

NATURE OF ALTERATION:

Enclose exterior closet & alcove (original entry) area including: Pour new concrete footing & slab. Frame to enclose this area into interior of unit. Provide & install new 5'x3' Milgard window. Provide & install electrical outlets to code & (4) 6" LED recessed lights on dimmer switch. Frame interior wall & install owners pocket door. Stucco & drywall new enclosed area. Install deco block to match existing. Install owners flooring in new area. Paint new work exterior/interior & new wall & pocket door.

(Per Building Mutual Standards)

Do not change or add to the above-specified alterations without proper written approval and change order from the Physical Property Office.

NOTICE TO RESIDENT OF AGREEMENT

This represents your official Building Permit. When you receive this permit, place it in a conspicuous location in or at your unit. No alteration may be started until this permit is posted. Do not remove this permit until final inspections are completed.

I, Christina Aguero, Owner/Member of the above apartment do hereby agree to bear the expense of the above alterations and, in the event of vacating this apartment, this alteration shall thereupon remain as part of the building.

I agree all work will comply with Foundation and Mutual Corporation policies, regulations and procedures. During my occupancy of this apartment, I will be free to use and enjoy the alteration within the framework of the Occupancy Agreement.

I also agree to be personally responsible for the repair and maintenance of the alteration, and authorize, in the event of my failure to perform, the Mutual Corporation to perform repairs or maintenance upon the alteration even though part of the alteration which has been authorized may be exterior to use interior surfaces of the perimeter walls, floors, and ceiling of the dwelling unit.

Further, I agree that I will personally maintenance the alteration and, in the event of my failure, after reasonable notice from the Mutual Corporation in the event that the Mutual Corporation performs any repairs or maintenance upon the alteration. I will immediate pay the Mutual Corporation upon being billed.

I will, in the event of sale or transfer, obtain the consent of the new owner/member(s) to become responsible for the repair and maintenance of the alteration herein provided.

Mutual Director's Signature _____ Date _____

Owner/Member Signature _____ Date _____

NOTICE TO CONTRACTOR – Contractor performing this work is required to maintain insurance in such amounts as may be deemed adequate by the Physical Property Office, considering the nature of the work which is undertaken. Prior to the issuance of this Building Permit, Certificates of Insurance and Endorsements, together with Contractor's licenses issued by the State of California and the City of Seal Beach, must be filled with the Physical Property Office.

CONTRACTOR MUST CALL PHYSICAL PROPERTY OFFICE FOR INSPECTIONS WHEN JOB IS READY.

City of Seal Beach Permit Required? Yes No Permit # _____

For final inspection, Contractor must call both the Physical Property Office and City of Seal Beach for a joint final inspection. (24 hours' notice is required)

NOTICE: Contractor must furnished copy of City of Seal Beach Permit with Valuation Amount before start of job. Contractor must furnish Lien Release to Physical Property Office upon completion of alterations.

Contractor's Signature _____ Date _____
Los AI Builders

GRF Inspection/Supervisor, Physical Property Office _____ Date _____

	<u>Approved By</u>	<u>Date</u>		<u>Approved By</u>	<u>Date</u>
BUILDING					
Footing	_____	_____	Landscaping	_____	_____
Framing	_____	_____	Lock Box w/ key	_____	_____
Wood Treatment	_____	_____	ELECTRICAL WORK		
Shear Panel	_____	_____	Rough Wiring	_____	_____
Insulation	_____	_____	Final Inspection	_____	_____
Roof Sheathing	_____	_____	HVAC		
Roof	_____	_____	Rough Wiring	_____	_____
Flashing	_____	_____	Final Inspection	_____	_____
Lathing	_____	_____	Rodent Proofing	_____	_____
Dry Wall	_____	_____	PLUMBING		
Scratch Coat	_____	_____	Ground Work	_____	_____
Brown Coat	_____	_____	Rough Plumbing	_____	_____
Finish Plastering	_____	_____	Finish Work	_____	_____
Miscellaneous	_____	_____	FINISH BUILDING		
Tile Approval	_____	_____		_____	_____



Exhibit A

Date: 11/15/2022

Customer: Chris Agüero M4
1400 Weeburn 82G
Seal Beach, Ca. 90740
657-249-0114

Scope of Work:

-Enclose exterior closet & alcove (original entry) area including:

- Pour new concrete footing and slab
- Frame to enclose this area into interior of unit
- Provide & install new 5' x 3' Milgard window
- Provide & install electrical outlets to code & four 6" LED recessed lights on dimmer switch
- Frame interior wall & install owners pocket door
- Stucco & drywall new enclosed area
- Install Deco block to match existing
- Install owners flooring in new area
- Paint new work exterior/interior & new wall and pocket door

Total \$17,640.00

Mutual Corporation No. Four

MEMO

TO: MUTUAL BOARD OF DIRECTORS
FROM: MUTUAL ADMINISTRATION
SUBJECT: DISCUSS AND VOTE TO RATIFY AMENDING 04-7557-1 – PERMITTED HEALTH CARE RESIDENT (UNFINISHED BUSINESS, ITEM A)
DATE: JANUARY 11, 2023
CC: MUTUAL FILE

I move to ratify proposed rule change amending Rule 04-7557-1 – Permitted Health Care Resident; the 28-day posting requirement has been met.

SEAL BEACH MUTUAL NO. FOUR**SHAREHOLDER REGULATIONS**CaregiversPermitted Health Care Resident (PHCR)**1. Description and General Requirements**

- a. ~~To be considered a caregiver, he or she~~A Permitted Health Care Resident must be essential to the eighteen (18) years or older.
- b. A Permitted Health Care Resident, must be hired to provide substantial care and well-being assistance with necessary daily activities or medical treatment to a Shareholder.
- c. All Permitted Health Care Resident(s) must be Board approved in writing prior to commencing support.
- d. All Permitted Health Care Resident(s) must be registered with the California Department of the shareholder as evidenced by written request by the shareholder's Social Services Home Care Registry. **[Note to Board: Is this a requirement you would like to add? Please advise.]**
- a.e. A Permitted Health Care Resident must provide part-time, live-in, long term, or terminal health care provider for daily activities, medical treatment, or both to the Shareholder. **[Note to Board: We believe that this section as originally drafted is in violation of civil code 51.3 because a PHCR can be hired for live-in, long term, or terminal health care. There is no requirement that the PHCR needs to work full-time, therefore, we don't believe that you can have a full-time requirement and therefore have deleted that requirement.]**
- b. ~~A fulltime caregiver as opposed to one working for a portion of a day or week may live in a shareholder apartment for as long as these accommodations are needed to provide round-the-clock caregiver assistance. The caregiver would not be eligible to live in the shareholder apartment if not serving as a fulltime caregiver.~~
- e.f. ~~If the shareholder~~Shareholder is temporarily changes residency for medical reasons, as in residing in a rehabilitation facility, the caregiver absent from the dwelling due to hospitalization or other necessary medical treatment, the Permitted Health Care Resident may remain in the apartment for up to 90 days if the shareholder is expectedShareholder expects to return to the apartment dwelling within ninety (90) days AND if the shareholderShareholder or an authorized person acting on behalf of the Shareholder provides the Mutual Board with a written request to allow stating that the caregiver to Shareholder desires that the Permitted Health Care Resident be allowed to remain in the apartment. (See California Civil Code 51.)dwelling in order to be present when the Shareholder returns to the

(Nov 19)

SEAL BEACH MUTUAL NO. FOUR**SHAREHOLDER REGULATIONS**

dwelling after such treatment.

~~d.g.~~ g. If the ~~shareholder~~ Shareholder temporarily vacates the apartment for other than medical reasons, such as to stay with friends or family, or to travel, the ~~caregiver~~ Permitted Health Care Resident will have no legitimate reason to remain in Leisure World and therefore in the apartment and will be denied occupancy until the ~~shareholder returns.~~ Shareholder returns to their apartment for full time residency. The Permitted Health Care Resident will be allowed twenty-four (24) hours to vacate the apartment.

~~e. Caregiver must cease any noise that could be considered disruptive after 10 p.m., i.e., no loud televisions, radios, or talking, so as not to disturb the quiet enjoyment of neighbors.~~

~~h. Caregivers~~ Permitted Health Care Residents must comply with the occupancy agreement requirements and sign same prior to commencing to live in a Shareholder's apartment.

~~i. The Shareholder is responsible for the conduct of the Permitted Health Care Resident and shall ensure that they comply with all community rules, regulations, and policies.~~

~~j. Each Permitted Health Care Resident shall not have been convicted of a felony or a misdemeanor involving moral turpitude (e.g., fraud, perjury, criminal threats).~~

~~f.k.~~ Permitted Health Care Residents are not allowed to bring family members ~~or,~~ friends to the apartment, or guests into Leisure World.

~~g.l.~~ Permitted Health Care Residents are not allowed to bring pets into Leisure World.

~~h. Caregivers are not allowed to use community facilities, including laundry facilities, unless caregiver is a 24-hour live-in.~~

~~m. Permitted Health Care Residents are authorized to use the Community Facilities only as necessarily incidental to provide support to the Shareholder who is using such Community Facilities.~~

2. Licensing Requirements

a. In order to work as a ~~caregiver~~ Permitted Health Care Resident in Mutual Four, ~~caregiver~~ the Permitted Health Care Resident must have a valid Seal Beach Business License or work for an agency with a valid Seal Beach Business License, per Seal Beach City Ordinance 1435.

i. Exemption: A family member (of a ~~shareholder~~ Shareholder) who is acting in the capacity of a ~~caregiver~~ Permitted Health Care Resident is exempt from possessing a business license, or be registered with the California

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SEAL BEACH MUTUAL NO. FOUR**SHAREHOLDER REGULATIONS**

75 [Department of Social Services Home Care Registry](#) but must apply and
 76 receive a Leisure World caregiver's pass and badge. **BOARD: The**
 77 **language in 2 a. i. in red is only to be included if you desire to add the**
 78 **language in 1 d above otherwise delete the additional language.**

- 79 b. A [caregiverPermitted Health Care Resident](#) working in Mutual Four must have a
 80 valid driver's license if driving a vehicle into Leisure World [property](#).

3. Pass and Badge Requirements

- 82 a. ~~All caregivers~~[All Permitted Health Care Residents](#), whether working as a family
 83 member, as an individual, or through an agency, must apply and receive a
 84 ~~caregiver's~~[Permitted Health Care Resident's](#) pass and clear badge holder through
 85 the Golden Rain Foundation Stock Transfer Office.

86 i. The pass must be renewed every six months.

87 ii. The pass must be worn in clear sight at all times.

88 [iii. If a gate pass is supplied, it must be displayed on the Permitted Health](#)
 89 [Care Resident's car dashboard at all times.](#)

90 ~~iii-iv.~~ Passes or badge holders may not be transferred or lent to anyone.

4. Use of Laundry Facilities

- 94 a. Part-time ~~caregivers~~[Permitted Health Care Residents](#) may use laundry facilities for
 95 ~~shareholder's~~[the Shareholder's](#) laundry only. Part-time ~~caregivers~~[Permitted Health](#)
 96 [Care Resident](#) who use Mutual laundry facilities for their personal or family use will
 97 be permanently barred from Leisure World.

- 98 b. ~~Caregivers~~[Permitted Health Care Resident](#) who are [full-time](#) 24-hour live-ins may
 99 use ~~washers and dryers~~[laundry facilities](#) for their personal use [and for the](#)
 100 [Shareholder's use](#) but may not use the washers and dryers for ~~other~~-family
 101 members or friends.

- 102 c. Washers and dryers are to be cleaned [by the Shareholder or the Permitted](#)
 103 [Health Care Resident](#) after every use.

- 104 d. Only two washers and dryers may be used at a time.

- 105 e. Washed items are not allowed to be hung on patios.

5. Parking Regulations

106 (Nov 19)

SEAL BEACH MUTUAL NO. FOUR

SHAREHOLDER REGULATIONS

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a. If ~~shareholder~~ Shareholder does not have a vehicle, ~~caregiver~~ Permitted Health Care Resident may use the carport space for his/her own vehicle after obtaining a temporary parking pass through the Stock Transfer Office.

i. The temporary parking pass must be clearly displayed on the dashboard of ~~caregiver's~~ Permitted Health Care Resident's vehicle at all times.

6. Caregivers Permitted Health Care Resident who violate any of the provisions of this Mutual policy may be barred from Leisure World.

Document History

Adopted: 13 Aug 2008
Amended: 14 Mar 2012
13 Nov 2019

Keywords: Mutual Four Caregivers

Mutual Corporation No. Four

MEMO

TO: MUTUAL BOARD OF DIRECTORS
FROM: MUTUAL ADMINISTRATION
SUBJECT: APPROVAL OF MONTHLY FINANCES (NEW BUSINESS, ITEM A)
DATE: JANUARY 11, 2023
CC: MUTUAL FILE

I move to acknowledge, per the requirements of the Civil Code Section 5500(a)-(f), a review of the reconciliations of the operating and reserve accounts, operating revenues and expenses compared to the current year's budget, statements prepared by the financial institutions where the Mutual has its operating and reserve accounts, an income and expense statement for the Mutual's operating and reserve accounts, the check registers, monthly general ledger and delinquent assessment receivable reports for the month of December 2022.

Mutual Corporation No. Four

MEMO

TO: MUTUAL BOARD OF DIRECTORS
FROM: MUTUAL ADMINISTRATION
SUBJECT: DISCUSS AND VOTE TO APPROVE SENDING OUT THE OPT-OUT NOTICE TO MUTUAL FOUR SHAREHOLDERS (NEW BUSINESS, ITEM B)
DATE: JANUARY 11, 2023
CC: MUTUAL FILE

I move to approve that Mutual Administration send out an Opt-Out Notice, allowing the shareholder to remove their name, property address, mailing address, and/or e-mail address from the membership list, per Civil Code §5220 Membership List Opt-Out.

Mutual Corporation No. Four

Opt-Out Notice

A member may request that the Association provide him or her with a copy of the membership list(s), including the names, property address, mailing address and, as of January 1, 2020, the email address, of each member. The member's request must be in writing and must set forth the purpose for which the list(s) is requested, which purpose must be reasonably related to the requester's interests as a member of the Association. The Association will be obligated to provide the member with a copy of such membership list(s) unless it reasonably believes that the member will use the information for another purpose. **NOTE: If filed in previous years, you are not required to submit this notice again.**

Pursuant to Civil Code § 5220, a member can "opt out" of having his or her name and address(es) included on a membership list(s) which must be distributed to members upon request. If you would like to "opt out" of having your name and/or address(es) included on a membership list(s), please complete the following form and return by mail:

Mutual Administration
PO Box 2069, Seal Beach, CA 90740

OR

In-Person to
Stock Transfer
Administration Building A, Mail Drop-Box

Email to
MutualSecretaries@lwsb.com

To Whom It May Concern,

Please **REMOVE** the following information related to my Mutual _____ and Unit _____ from the Mutual's membership list in accordance with Civil Code § 5220 until further written notice from me:

(Check all that are applicable)

- Name
- Property Address
- Mailing Address
- Email Address

Date: _____

Print Name: _____

Signature: _____

Unit Address: _____

P. O. Box 2069, Seal Beach, California 90740 (562) 431-6586