

RESOLUTION NO. OSB 2012-03

**A RESOLUTION OF THE OVERSIGHT BOARD FOR THE SUCCESSOR AGENCY CITY OF ROHNERT PARK AUTHORIZING THE CLERK OF THE BOARD TO FILE A STATEMENT OF ORGANIZATION WITH THE SECRETARY OF STATE AND THE COUNTY CLERK OF SONOMA COUNTY**


WHEREAS, Government Code Section 53051 requires the filing of a statement of organization with the Secretary of State and the county clerk of the county within which a governmental entity is located within seventy (70) days of organization of such entity; and

WHEREAS, the Oversight Board for the Successor Agency City of Rohnert Park organized itself pursuant to Chapter 4 (commencing with Section 34179) of Part 1.85 of Division 24 of the Health and Safety Code (the "Board").

NOW, THEREFORE, THE OVERSIGHT BOARD FOR THE SUCCESSOR AGENCY CITY OF ROHNERT PARK DOES HEREBY RESOLVE that the Clerk of the Oversight Board for the Successor Agency City of Rohnert Park is hereby authorized and directed to file information concerning said Board with the Secretary of State and the County Clerk of Sonoma County, as set forth in the "Statement of Facts," attached hereto and incorporated herein as Exhibit A.


DULY AND REGULARLY ADOPTED this 7<sup>th</sup> day of May, 2012.

**OVERSIGHT BOARD FOR THE SUCCESSOR AGENCY CITY OF ROHNERT PARK**



Shirlee Zane, Chair

ATTEST:

  
Eydie Tacata, Interim Clerk of the Board

**AYES: 7 BOARDMEMBERS ZANE**  
**BABONIS**  
**CALVERT**  
**JENKINS**  
**JOLLEY**  
**MACKENZIE**  
**THOMPSON**

**NOES: 0**

**ABSENT: 0 ABSTAIN: 0**



# State of California Secretary of State

## STATEMENT OF FACTS ROSTER OF PUBLIC AGENCIES FILING (Government Code section 53051)

(Office Use Only)

Instructions:

1. Complete and mail to: Secretary of State,  
P.O. Box 942877, Sacramento, CA 94277-0001 (916) 653-3984
2. A street address must be given as the official mailing address or as the address of the presiding officer.
3. Complete addresses as required.
4. If you need additional space, attach information on an 8½" X 11" page, one sided and legible.

New Filing  Update

Legal name of Public Agency: \_\_\_\_\_

Nature of Update: \_\_\_\_\_

County: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

Name and Address of each member of the governing board:

**Chairman, President or other Presiding Officer** (Indicate Title): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Secretary or Clerk** (Indicate Title): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Members:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME [ \_\_\_\_\_ ]

\_\_\_\_\_ Date

ADDRESS \_\_\_\_\_

\_\_\_\_\_ Signature

CITY/STATE/ZIP [ \_\_\_\_\_ ]

\_\_\_\_\_

Typed Name and Title