



# DISCLOSURE FORM

(Form 3 of 5)



Project Title: Stony Point Flats

(Include site address)

Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.

- Individuals: Identify all individuals
- Partnerships: Identify all general and limited partners
- Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed.
- LLCs: Identify all members, managers, partners, officers and directors.
- Trusts: Identify all trustees and beneficiaries.
- Option Holders: Identify all holders of options on the real property.


Full Name:	Address:
Stony Point Flats LP	PO Box 52078, Irvine, CA 92619-2078
Development Company of Minneapolis	Loren Bruggemann, 30 Meyers Court, Novato, CA 94947
Housing Alliance II, Inc., dba Integrity	PO Box 52078, Irvine, CA 92619-2078
IH Stony Point Flats Santa Rosa LLC	PO Box 52078, Irvine, CA 92619-2078
ineta Olson Revocable Trust, Property	Stephen Olson, Trustee, 2409 Dunaway Drive, Santa Rosa, CA 95403
Loren Bruggemann	30 Meyers Court, Novato, CA 94947

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
KTGY Architecture and Planning	Keith Labus, 17911 Von Karman Avenue, Suite 200, Irvine, CA 92604
Civil Design Consultants, Inc.	Dennis Dalby, 2200 Range Ave., Suite 204, Santa Rosa, CA 95403
Dude Environmental/Traffic	uries, Monares, 1630 San Pablo Avenue, Suite 300, Oakland, CA 946
Cinquini & Passarino, Inc.	Jim Dickey, 1360 N. Dutton Avenue, Suite 150, Santa Rosa, CA 95401
Nor-Coast Utility Design, Inc.	Steve Krinsky, 771 Joni Court, Windsor, CA 95492
PJC & Associates	Patrick Conway, 600 Martin Ave., Suite 210, Rohnert Park, CA
JJH Landscape Architects	Justin Heacock, 1051 Site Drive, Brea, CA 92821

Additional names and addresses attached:  Yes  No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.

I certify that the above information is true and correct:   
Loren Bruggemann (Aug 12, 2021 18:16 PDT)  
Applicant

8/12/21  
Date






# Stony Point Flats - Disclosure From 08.12.21

Final Audit Report

2021-08-13

Created:	2021-08-13
By:	Philip Wood (phil@integrityhousing.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAANFj_HOfsoJ6pFj5sTkWRyBE1gyn5N4oX

## "Stony Point Flats - Disclosure From 08.12.21" History

-  Document created by Philip Wood (phil@integrityhousing.org)  
2021-08-13 - 1:00:47 AM GMT - IP address: 47.222.8.58
-  Document emailed to Loren Brueggemann (lorenb@phoenixdevco.com) for signature  
2021-08-13 - 1:01:25 AM GMT
-  Email viewed by Loren Brueggemann (lorenb@phoenixdevco.com)  
2021-08-13 - 1:11:10 AM GMT - IP address: 74.125.212.136
-  Document e-signed by Loren Brueggemann (lorenb@phoenixdevco.com)  
Signature Date: 2021-08-13 - 1:16:09 AM GMT - Time Source: server- IP address: 97.116.9.48
-  Agreement completed.  
2021-08-13 - 1:16:09 AM GMT



**California Secretary of State  
Electronic Filing**



**Corporation - Statement of Information**

**Entity Name:** AFFORDABLE HOUSING ALLIANCE II, INC.,  
WHICH WILL DO BUSINESS IN THE STATE  
OF CALIFORNIA AS INTEGRITY HOUSING

**Entity (File) Number:** C1899325

**File Date:** 06/03/2020

**Entity Type:** Corporation

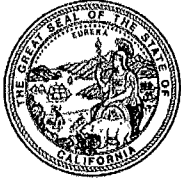
**Jurisdiction:** COLORADO

**Document ID:** GG01341

**Detailed Filing Information**

1. **Entity Name:** AFFORDABLE HOUSING ALLIANCE II, INC.,  
WHICH WILL DO BUSINESS IN THE STATE  
OF CALIFORNIA AS INTEGRITY HOUSING
  
2. **Business Addresses:**
  - a. **Street Address of Principal Office in California:** 530 Technology Drive, Suite 100  
Irvine, California 92618  
United States of America
  
  - b. **Mailing Address:** PO Box 52078  
Irvine, California 92619  
United States of America
  
  - c. **Street Address of Principal Executive Office:** 530 Technology Drive, Suite 100  
Irvine, California 92618  
United States of America
  
3. **Officers:**
  - a. **Chief Executive Officer:** Philip Wood  
530 Technology Drive, Suite 100  
Irvine, California 92618  
United States of America
  
  - b. **Secretary:** Lindsay Dawn Allen  
530 Technology Drive, Suite 100  
Irvine, California 92618  
United States of America

Document ID: GG01341



## California Secretary of State Electronic Filing

Officers (cont'd):

c. Chief Financial Officer:

Anjela Ponce  
530 Technology Drive, Suite 100  
Irvine, California 92618  
United States of America

4. Director:

Not Applicable

Number of Vacancies on the Board of  
Directors:

Not Applicable

5. Agent for Service of Process:

Philip Wood  
530 Technology Drive, Suite 100  
Irvine, California 92618  
United States of America

6. Type of Business:

Real estate developer

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Anjela Ponce

*Use [bizfile.sos.ca.gov](http://bizfile.sos.ca.gov) for online filings, searches, business records, and resources.*

Document ID: GG01341



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** AFFORDABLE HOUSING ALLIANCE II, INC., WHICH WILL DO BUSINESS IN THE STATE OF CALIFORNIA AS INTEGRITY HOUSING  
**File Number:** C1899325  
**Registration Date:** 12/06/1995  
**Entity Type:** FOREIGN NONPROFIT CORPORATION  
**Jurisdiction:** COLORADO  
**Status:** ACTIVE (GOOD STANDING)

As of August 11, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 12, 2021.

**SHIRLEY N. WEBER, Ph.D.**  
Secretary of State

**Certificate Verification Number:** Y8W444R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).



**Secretary of State**  
**Statement of Information**  
 (Limited Liability Company)

**LLC-12**

21-D42962

**FILED**

In the office of the Secretary of State  
 of the State of California

JUL 08, 2021

**This Space For Office Use Only**

**IMPORTANT — Read instructions before completing this form.**

**Filing Fee – \$20.00**

**Copy Fees –** First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$5.00 plus copy fees

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

IH STONY POINT FLATS SANTA ROSA LLC

**2. 12-Digit Secretary of State File Number**

202024810114

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

CALIFORNIA

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 530 Technology Drive, Suite 100	City (no abbreviations) Irvine	State CA	Zip Code 92618
b. Mailing Address of LLC, if different than item 4a PO Box 52078	City (no abbreviations) Irvine	State CA	Zip Code 92619
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 530 Technology Drive, Suite 100	City (no abbreviations) Irvine	State CA	Zip Code 92618

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete Item 5a Affordable Housing Alliance II, Inc. which will do business in the state of California as Integrity Housing			
c. Address PO Box 52078	City (no abbreviations) Irvine	State CA	Zip Code 92619

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL –** Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Philip	Middle Name	Last Name Wood	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 530 Technology Drive, Suite 100	City (no abbreviations) Irvine	State CA	Zip Code 92618

**CORPORATION –** Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b
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**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
 Affordable real estate development

**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

**9. The information contained herein, including any attachments, is true and correct.**

07/08/2021

Julie Stone

Project Manager

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [ ]  
 Company:  
 Address:  
 City/State/Zip: [ ]



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** IH STONY POINT FLATS SANTA ROSA LLC  
**File Number:** 202024810114  
**Registration Date:** 09/01/2020  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of August 11, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 12, 2021.

**SHIRLEY N. WEBER, Ph.D.**  
**Secretary of State**

**Certificate Verification Number:** R4W5VKY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

21-B60758

**FILED**

In the office of the Secretary of State  
of the State of California

MAR 23, 2021

**This Space For Office Use Only**

**IMPORTANT** — Read instructions before completing this form.

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

PHOENIX DEVELOPMENT COMPANY OF MINNEAPOLIS, LLC

**2. 12-Digit Secretary of State File Number**

201316910367

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

MINNESOTA

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947
b. Mailing Address of LLC, if different than item 4a 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b Loren	Middle Name	Last Name Brueggemann	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Michelle	Middle Name	Last Name Olson	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b
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**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company Real Estate
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**8. Chief Executive Officer, if elected or appointed**

a. First Name Loren	Middle Name	Last Name Brueggemann	Suffix
b. Address 30 Meyers Ct.	City (no abbreviations) Novato	State CA	Zip Code 94947

**9. The information contained herein, including any attachments, is true and correct.**

03/23/2021

Michelle Olson

Vice President

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]





## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** PHOENIX DEVELOPMENT COMPANY OF MINNEAPOLIS, LLC  
**California Name:** PHOENIX DEVELOPMENT COMPANY OF MINNEAPOLIS, LLC  
**File Number:** 201316910367  
**Registration Date:** 06/07/2013  
**Entity Type:** FOREIGN LIMITED LIABILITY COMPANY  
**Jurisdiction:** MINNESOTA  
**Status:** ACTIVE (GOOD STANDING)

As of August 11, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 12, 2021.

**SHIRLEY N. WEBER, Ph.D.**  
Secretary of State

**Certificate Verification Number:** YDKW3XR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](https://bebizfile.sos.ca.gov/certification/index).



**Secretary of State  
Certificate of Limited Partnership  
(LP)**

LP-1

202026800007

**FILED** LCM/CSD  
Secretary of State  
State of California

SEP 21 2020

**IMPORTANT** — Read *Instructions* before completing this form.

**Filing Fee** — \$70.00

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00

**Note:** LPs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

lpc

*Above Space For Office Use Only*

**1. Limited Partnership Name** (See *Instructions* — Must contain an LP ending such as LP or L.P. "LP" will be added, if not included.)

Stony Point Flats, LP

**2. Business Addresses**

a. Initial Street Address of LP's Designated Office in California - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
530 Technology Drive Suite 100	Irvine	CA	92618
b. Initial Mailing Address of LP, if different than Item 2a	City (no abbreviations)	State	Zip Code
PO Box 52078	Irvine	CA	92619-2078

**3. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Phillip		Wood	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
530 Technology Drive Suite 100	Irvine	CA	92618

**CORPORATION** — Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 3a or 3b

**4. General Partners** (List the name and address of each general partner. Attach additional pages, if necessary.)

a. General Partner's Name			
IH Stony Point Flats Santa Rosa, LLC			
General Partner's Address	City (no abbreviations)	State	Zip Code
PO Box 52078	Irvine	CA	92619-2078
b. General Partner's Name			
Phoenix Development of Minneapolis, LLC			
General Partner's Address	City (no abbreviations)	State	Zip Code
1620 Olivet Road	Santa Rosa	CA	95401

The information contained herein, including in any attachments, is true and correct.

See attached

General Partner Signature

Type or Print Name

General Partner Signature

Type or Print Name

**Attachment for LP-1**

**for**

**Stony Point Flats, LP**


The information contained herein, including in any attachments, is true and correct.

**General Partners:**

**IH Stony Point Flats Santa Rosa LLC**  
By: Affordable Housing Alliance II, Inc., dba Integrity Housing  
Its: Sole Member

  
Philip Wood, President

**Phoenix Development Company of Minneapolis, LLC**

  
Loren Brueggemann, President

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202026800007



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** STONY POINT FLATS, LP  
**File Number:** 202026800007  
**Registration Date:** 09/21/2020  
**Entity Type:** DOMESTIC LIMITED PARTNERSHIP  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of August 17, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 18, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber".

**SHIRLEY N. WEBER, Ph.D.**  
Secretary of State

**Certificate Verification Number:** YD85LLY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).