RECORDED AT THE REQUEST OF:

WHEN RECORDED MAIL TO:

TWIN LAKES HOMEOWNERS ASSOC. 6637 OAKMONT DRIVE, SUITE B SANTA ROSA, CA 95409



1998 0078809

OFFICIAL RECORDS OF SONOMA COUNTY BERNICE A. PETERSON

07/13/1998

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AMENDMENT TO OAKMONT VILLAGE DECLARATION NO. 33 OF PROTECTIVE RESTRICTIONS

This is an amendment to those certain protective restrictions entitled <u>"OAKMONT VILLAGE DECLARATION NO. 33"</u> recorded in the Official Records of Sonoma County on <u>SEPTEMBER 31, 1981</u>, in Book <u>3136</u>, Page <u>448</u>.

The property subject to said Declaration and this amendment is particularly described as follows:

All that certain real property situated in the City of Santa Rosa, County of Sonoma, State of California, as shown on the maps ENTITLED, "OAKMONT NO. 14E"

Book 327 of Maps, Pages 20, 21 AND 22 in the office of the Recorder of the County of Sonoma, State of California.

It is hereby approved that Article <u>XIII</u> of the OAKMONT VILLAGE DECLARATION NO. 33 OF PROTECTIVE RESTRICTIONS is hereby amended to include the following additional Section:

<u>Section 4. Easements for Air Conditioning Units:</u> There is specifically reserved an easement or easements to allow for a minimal encroachment of air conditioning units and accompanying apparatus along, over, upon, under and into the common area adjacent to the structure served by the air conditioning unit or accompanying apparatus.

THE UNDERSIGNED HEREBY DECLARES THAT PURSUANT TO CIVIL CODE SECTION 1355, MORE THAN SEVENTY-FIVE PERCENT (75%) OF THE OWNERS COVERED UNDER THE ABOVE PROTECTIVE RESTRICTIONS HAVE APPROVED AS STATED ABOVE.

Dated Jaly 13 1998 Tax A Septem [SIGNATURE]
BRUCE M. STEPHEN [PRINT NAME]
hairman, [POSITION]
TWIN LAKES HO O. A.
[NAME OF SUBASSOCIATION]
STATE OF CALIFORNIA)) SS.
County of <u>SONOMA</u>)
On July 13, 1998 before me PATRICIA A. Gooler personally
appeared Bruce M. Stephen
personally known to me (or proved to me on the basis of satisfactory evidence) 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(s), or the entity upon behalf of

which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Satricia A State (Seal)
Notary Public in and for said County and State

