

HOMEOWNERS – COMMUNITY ASSOCIATIONS - PROPERTY MANAGERS

CAI/CRC SEMINAR
**“BOARD GOVERNANCE ISSUES –
*HOW TO STAY OUT OF THE
ATTORNEY GENERAL’S OFFICE*”**



SATURDAY, November 3, 2012

**The Capri Condominium
11000 Coastal Highway
Ocean City, MD 21842
410-524-1331**

**PRE-REGISTRATION REQUIRED!
(FIRST COME FIRST SERVED – SPACE IS LIMITED)
FEE: \$15.00**

SCHEDULE:
REGISTRATION: 9:00 A.M – 9:30 A.M
PROGRAM: 9:30 A.M – 12:00 NOON

The Course Will Cover:

**The Election Process
Election and Removal of Board
Members
Failure to Properly Govern the
organization**

- **Failure to operate and manage the association property**
- **Fiduciary Responsibility**
- **Conflict of interest**

Failure to hold meetings and holding closed meetings
Discrimination and ethical issues
Contractor selection
Communication issues

- **Fee delinquencies**
- **Architectural covenant enforcement**

WHO SHOULD ATTEND

THIS SEMINAR IS HIGHLY RECOMMENDED FOR HOMEOWNERS, BOARD MEMBERS, AND PROPERTY MANAGERS

THE SPEAKER

CYNTHIA HITT KENT IS AN ATTORNEY IN OWINGS MILLS, MD, WHO CONCENTRATES ON PROVIDING QUALITY LEGAL SERVICES TO CONDOMINIUM REGIMES AND HOMEOWNER ASSOCIATIONS. SHE IS SKILLED IN DOCUMENT PREPARATION, AMENDMENT AND INTERPRETATION; PARLIAMENTARY AND DUE PROCESS PROCEDURES, ARBITRATION, MEDIATION AND LITIGATION FOR COVENANT ENFORCEMENT AND COLLECTION OF ASSESSMENT AND FINES. SHE IS FAMILIAR WITH THE MARYLAND CONDOMINIUM ACT, THE MARYLAND HOMEOWNER'S ASSOCIATION ACT, THE MARYLAND CONTRACT LIEN ACT, THE FEDERAL TELECOMMUNICATIONS ACT OF 1996, THE FEDERAL FAIR HOUSING ACT, AND THE FEDERAL FAIR DEBT COLLECTION PRACTICES ACT.

BOARD GOVERNANCE ISSUES REGISTRATION FORM

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FOR DIRECTIONS, PLEASE VISIT WWW.MAPQUEST.COM OR CALL THE FACILITY DIRECTLY

IF YOU ARE NOT A MEMBER OF THE COMMUNITY ASSOCIATIONS INSTITUTE, YOU CAN JOIN THE DAY OF THE SEMINAR!

PLEASE FEEL FREE TO COPY THIS FORM AND BRING A FRIEND

NAME: _____
ASSOCIATION: _____
ADDRESS: _____
CITY, STATE ZIP: _____
PHONE: _____ FAX: _____
E-MAIL: _____

PAYMENT OPTIONS:

___ CHECK ENCLOSED ___ VISA ___ MASTERCARD

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: (REQUIRED) _____

The above signed agrees to pay the chares according to the card issuer agreement



Are you listed (your personal name) in the CAI database as a member? YES NO

MAIL FORM TO CAI/CRC, 5836 ROCKBURN WOODS WAY, ELKRIDGE, MD 21075

QUESTIONS? EMAIL: CONTACT@CAIMDCHEES.ORG PHONE: 410-540-9831 FAX: 410-540-9827

VISIT OUR WEBSITE WWW.CAIMDCHEES.ORG