

**SUPPLEMENT TO  
APPLEWOOD  
DECLARATION OF RESTRICTIONS**

This Supplement is made as of ~~September~~ <sup>October</sup> 14, 2000 by Applewood Homes Association, Inc., a Kansas non-profit corporation (the "Homes Association").

WHEREAS, the Homes Association is the homes association for the residential subdivision in Olathe, Johnson County, Kansas commonly known as "Applewood" (the "Subdivision"); and

WHEREAS, the various lots in the Subdivision (the "Lots") are legally described as follows:

Lots 14 through 38, Block 3, Lots 1 through 49, Block 4, Lots 1 through 22, Block 5, APPLEWOOD, a subdivision in City of Olathe, Johnson County, Kansas.

WHEREAS, the Lots are subject to the recorded Applewood Declaration of Restrictions that is recorded with the Register of Deeds of Johnson County, Kansas in ~~Volume 3455~~ at Page 711 (the "Declaration"); and

WHEREAS, the Declaration generally requires that all residences have roofs consisting of wood shingles, wood shakes, or slate but allows the Homes Association to authorize the use of other materials that may have come into general usage since 1991;

NOW, THEREFORE, the Homes Association hereby supplements the Declaration as set forth in the resolutions of the Board of Directors of the Homes Association set out below:

RESOLVED, that the Board of Directors of the Applewood Homes Association hereby exercises its right and power to interpret and administer the provisions of the Declaration of Restrictions, paragraph 3, Building Material Requirements for the Applewood Subdivision, which, in pertinent part, provide:

"Roofs with a pitch of three inches or more per foot shall be covered with wood shingles, wood shakes or slate."

"Any building products that may be or come into general usage for dwelling construction of comparable quality and style in the area shall be acceptable if approved in writing by the Approving Party."

Therefore, the Board of Directors hereby makes the following interpretation and establishes the following policy of the Homes Association:

1. Wood shingles, wood shakes or slate are permissible roofing materials as provided in the Declaration of Restrictions.

2. Laminated composition shingles may be used if they meet the following guidelines and have written approval of the Board of Directors prior to being ordered or installed.
  - (a) Architectural shingles designed to replicate the beauty of natural materials, shadow lines or relief, which imitate a wood shingle or shake in appearance.
  - (b) Installed with metal valleys and flashing.
  - (c) Installed with pre-formed ridge shingles.
  - (d) Have the appearance and color range of natural weathered cedar shingles or shakes.
  - (e) Placed on solid roof decking made of minimum 1/2" CDX or better grade plywood.
  - (f) Class A fire rated.
  - (g) Forty (40) year or more manufacturers' warranty.

The following roofing manufacturers, shingle / ridge grades, and colors are those that have been researched and approved by the Board of Directors as being the most similar to natural wood shingles or wood shake roofing and are hereby considered as meeting the minimum requirements:

<u>Manufacturer</u>	<u>Shingle Grade</u>	<u>Ridge Grade</u>	<u>Color</u>
Timberline	40 year	Timbertech Ridge cap	Weatherwood
Oakridge	40 year	High Hip Ridge cap	Driftwood
Elk	40 year	Z-Ridge cap	Weatherwood

This Supplement shall become effective upon recordation in the Office of the Register of Deeds of Johnson County, Kansas.

IN WITNESS WHEREOF, the Homes Association has caused this Supplement to be duly executed.

APPLEWOOD HOMES ASSOCIATION, INC.

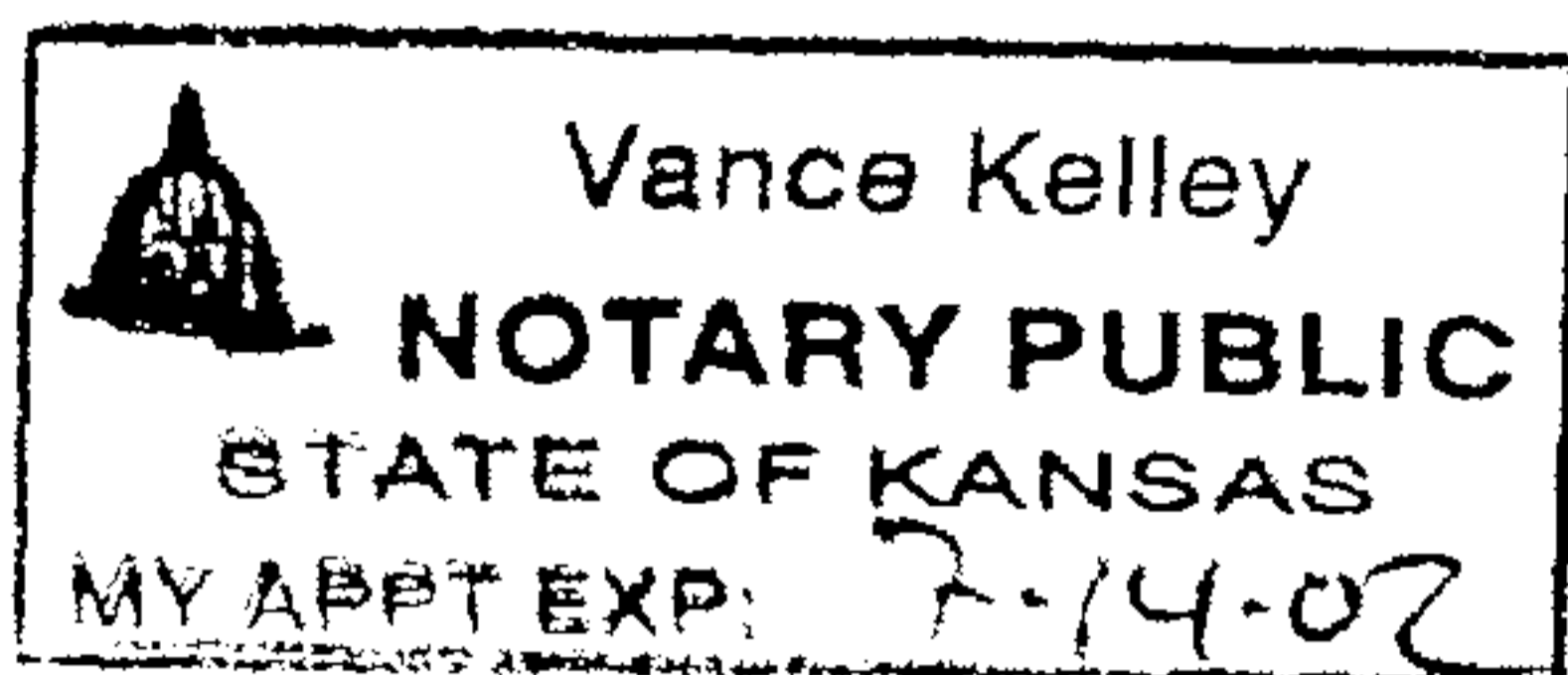
By: Mike Farris  
 Print Name: Mike Farris  
 Title: President

By: Diana Wallace  
 Print Name: Diana Wallace  
 Title: Secretary

STATE OF KANSAS )  
 ) ss.  
COUNTY OF Johnson )

This instrument was acknowledged before me on ~~September~~ <sup>October</sup> 14 2000 by Mike Farris and Diana Wallace, President and Secretary, respectively, of Applewood Homes Association, Inc., a Kansas non-profit corporation.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.



[Signature]  
NOTARY PUBLIC IN AND FOR SAID  
COUNTY AND STATE  
VANCE KELLEY  
PRINT NAME

My Commission Expires:

7-14-02

[SEAL]

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