



Abby J. Franz  
Paralegal

303-858-1800  
afranz@wbapc.com

December 11, 2023

**VIA CERTIFIED MAIL**

City of Fort Collins  
300 Laporte Avenue  
PO BOX 580  
Fort Collins, CO 80521

Division of Local Government  
*E-filed via [www.dola.colorado.gov/e-filing](http://www.dola.colorado.gov/e-filing)*

Larimer County Board of County  
Commissioners  
200 W Oak Street, Ste 2200  
Fort Collins, CO 80521

State of Colorado  
Office of State Auditor  
*E-filed via <https://apps.leg.co.gov/osa/lg>*

**Re: Notices of Continuing Inactive Status for Waters' Edge Metropolitan District  
Nos. 3-5**

To Whom It May Concern:

Pursuant to § 32-1-104(4), C.R.S., enclosed for your records please find copies of the Special District Notices of Continuing Inactive Status for the above-referenced Districts. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,  
WHITE BEAR ANKELE TANAKA & WALDRON  
Attorneys at Law

Abby J. Franz, Paralegal

Enclosures



Title 32, Article 1 Special District Annual Notice of Continuing Inactive Status  
**NOTICE IS HEREBY GIVEN**

the Waters' Edge Metropolitan District No. 3 67115 (LGID)  
 in Larimer County, Colorado  
 pursuant to subsection 32-1-104(4) C.R.S., and upon the attached authorization of the current board of the District, is  
 continuing as an Inactive Special District as defined by C.R.S. 32-1-103(9.3) for the fiscal year beginning: **January 1, 2024**

**NOTICE IS FURTHER GIVEN**, pursuant to subsection 32-1-104(4) C.R.S., the District has not and shall not issue any debt,  
 impose a mill levy, or conduct any other official business other than to conduct elections and to undertake procedures  
 necessary to implement the district's intention to return to active status.

District Contact Person: Robert G. Rogers Phone: (303) 858-1800

Contact Signature: [Signature] Date: 12/11/2023

Contact Email Address: rrogers@wbapc.com

District Business Address: c/o White Bear Ankele Tanaka & Waldron

Business Address (cont.): 2154 E. Commons Ave., Suite 2000

Address City/State/Zip: Centennial, CO 80122

Directors		Elected or Appointed	Term Exp. Yr.
1. Board Chair:	Paul Joseph Knopinski	Elected	May 2025
2. Director:	John Gooch	Elected	May 2025
3. Director:	Jerry Wenzel	Elected	May 2023
4. Director:	Todd Johnson	Elected	May 2025

Generally, per C.R.S. 32-1-104(5), Inactive Special Districts shall be exempt from compliance with the provisions of:

- 32-1-104(2) - Annual January 15<sup>th</sup> Contact Filing;
- 32-1-306 - Annual January 1st Map Filing
- 32-1-809 - Annual January 15th Notice to Electors
- 32-1-903 - Meetings
- Title 29, Art 1, Part 1 - Budget Law
- Title 29, Art 1, Part 2 - List of Contracts
- Title 29, Art 1, Part 6 - Audit Law
- Title 39, Art 1, Part 1 - Notices of Boundary Change, Intent to Levy
- Title 39, Art 5, Part 1 - Annual Mill Levy Certification

**PROCEDURAL INSTRUCTIONS**

As directed in 32-1-104(3)(b) C.R.S., by *Certified Mail, Return Receipt Requested* except where electronic filing is required by the receiving entity, file this annual Notice of Continuing Inactive Status on or before December 15<sup>th</sup> with:

- the Office of the State Auditor;
- the Division of Local Government (ELECTRONIC FILING REQUIRED – [www.dola.colorado.gov/e-filing](http://www.dola.colorado.gov/e-filing) – ); and
- the Board of County Commissioners of each county in which the District is located as confirmation of the District's intent to not certify a mill levy for collection in the upcoming fiscal year.

Rev. 6/16





Title 32, Article 1 Special District Annual Notice of Continuing Inactive Status  
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Rev. 6/16





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Rev. 6/16



7022 0410 0002 3731 5872

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

## OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

1983 - 0024  
 Waters' Edge  
 Postmark  
 mo Nias. 3-5  
 Cont.  
 Inactive  
 Status  
 12-12

Postage	\$
Total Postage and Fees	\$

Sent To	City of Ft. Collins
Street and Apt. No., or PO Box No.	300 Laporte Ave / PO Box 580
City, State, ZIP+4®	Ft. Collins CO 80521

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Fort Collins  
 300 Laporte Avenue  
 PO BOX 580  
 Fort Collins, CO 80521



9590 9402 5817 0034 1198 72

2. Article Number (Transfer from service label)

7022 0410 0002 3731 5872

PS Form 3811, July 2015 PSN 7530-02-000-9053

### COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent 15
X <i>Muzette Mercer</i>	<input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
Muzette Mercer	12-16-23
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Restricted Delivery	

Domestic Return Receipt

7022 0410 0002 3731 5865

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$	1983 - 0024
Extra Services & Fees (check box, add fee as appropriate)	Waters' Edge Postmark MD MAR. 3-5
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	Cont. Franchise Status
Total Postage and Fees \$	12-12
Sent To Larimer CO BOCC	
Street and Apt. No., or PO Box No. 200 W. Oak Street, Ste 2200	
City, State, ZIP+4® Fort Collins CO 80521	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature: <u>James Davis</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): <u>James Davis</u></p> <p>C. Date of Delivery: <u>12.15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Larimer County            Board of County Commissioners            200 W Oak Street, Ste 2200            Fort Collins, CO 80521</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7022 0410 0002 3731 5865</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	