

II. Certification of Beneficial Owner(s), Continued

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- ◆ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ◆ Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under the ownership section above may also be listed in the section below).

Full Name/Title (or Person with Control)	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and country of issuance, or other similar identification number ¹
First M.I. MASSIMO	05/16/1964	Street 1701 LAGUNA LOMA COVE	081-74-8648	Number
Last Suffix CARUANA		City AUSTIN State & Zip Texas 78746-3711		Country of issuance
Title 0				

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, MASSIMO CARUANA (name of natural person opening account),
 hereby certify, to the best of my knowledge, that the information provided above is complete and correct. Also,
 the Legal Entity named above agrees to notify the Financial Institution of any change in the beneficial ownership
 information on this Certification.

x Signature:  Date: 12/29/2023

For Institution Use Only:

Name of Beneficial Owner	Type of Document	Document ID Number	Place of Issuance	Date of Issuance	Expiration Date
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
MASSIMO CARUANA	<input checked="" type="checkbox"/> SOCIAL SECURITY CARD	081748648	US		

Certification Regarding Internet Gambling

Financial Institution (Name and Address)

TRUSTTEXAS BANK
2085 CENTRAL PLAZA
NEW BRAUNFELS TX 78130

Business Entity (Name and Address)

AGAVE LOFTS CONDOMINIUM ASSOCIATION INC
615 OXFORD DR STE 105
NEW BRAUNFELS TX 78130

The Business Entity identified above certifies that it does not engage in an Internet gambling business within the meaning of Federal Reserve Regulation GG. If the Business Entity begins to engage in Internet gambling, the Business Entity agrees to notify the Financial Institution of its decision to engage in Internet gambling at least _____ days prior to actually engaging in Internet gambling.

 12-31-2023

PATRIZIA VALLIERI 12/29/2023

Date

REVOCABLE PROXY

Account Name AGAVE LOFTS

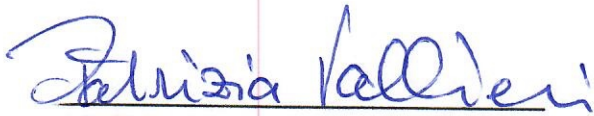
Account Number 6556315906

I appoint the members of the Official Proxy Committee in office from time to time of

TrustTexas Mutual Holding Company

appointed by the Board of Directors of TrustTexas Mutual Holding Company ("TrustTexas MHC"), as my proxy and authorize them in my absence at any meeting of members of TrustTexas MHC, to cast any votes I would be entitled to cast if personally present, on any and all matters, from time to time and from year to year, until this proxy is canceled by a writing delivered to the Secretary of TrustTexas MHC, said writing to include a subsequently issued proxy, and I authorize a majority of the members of such Committee to cast my vote or votes

Date 12/29/2023



Signature

Signature

Brittani Hackfeld

New Account Rep

Corporate Authorization Resolution

Trust Texas Bank, SSB

By: AGAVE LOFTS CONDOMINIUM ASSOCIATION INC

PO Box 808
Cuero, TX 77954-0808

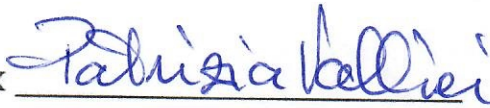
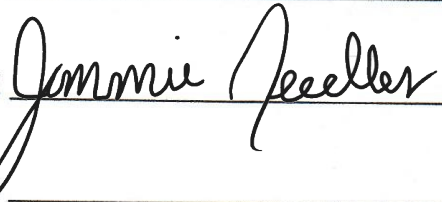
615 OXFORD DR STE 105
NEW BRAUNFELS, TX 78130-6570

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, **CAROL LEDBETTER**, certify that I am Secretary (clerk) of the above named corporation organized under the laws of **Texas**, Federal Employer I.D. Number **85-0927649**, engaged in business under the trade name of **AGAVE LOFTS CONDOMINIUM ASSOCIATION INC**, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on **12/19/2023** (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature <i>(if used)</i>
A. <u>PATRIZIA VALLIERI</u>	X <u></u> X	_____
B. <u>SHANA NISSEN</u>	X _____	X _____
C. <u>CAROL LEDBETTER</u>	X _____	X _____
D. <u>JIMMIE NEEDLES</u>	X <u></u> X	_____
E. _____	X _____	X _____
F. _____	X _____	X _____

- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time), the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated _____ . If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

Secretary
 CAROL LEDBETTER

Attest by One Other Officer
 SHANA NISSEN

For Financial Institution Use Only		
Acknowledged and received on	12/29/2023	(date) by _____ (initials)
<input type="checkbox"/> This resolution is superseded by resolution dated _____		
Comments:		

ACCOUNT AGREEMENT

TrustTexas Bank, SSB
 PO Box 808
 Cuero, TX 77954-0808

Account Number: 6556315906

Account Owner(s) Name & Address
 AGAVE LOFTS CONDOMINIUM ASSOCIATION INC

 615 OXFORD DR STE 105
 NEW BRAUNFELS, TX 78130-6570

Agreement Date: 12/29/2023 By: Brittani Hackfeld

EXISTING Account - This agreement replaces previous agreement(s).

This is a Temporary account agreement.

Account Description: BUSINESS CLASSIC

Checking Savings NOW _____

Initial Deposit \$ 0.00 Source: OTHER

Ownership of Account - CONSUMER Purpose
 The types of accounts provided by Texas law have been disclosed on the separate Single-Party or Multiple-Party Account Selection Form Notice (Selection Form Notice), on which the undersigned have initialed to designate the ownership type selected. The undersigned acknowledge(s) receipt of a copy of the completed Selection Form Notice.

Ownership of Account - BUSINESS Purpose
 Sole Proprietorship Single-Member LLC Partnership
 LLC (LLC tax classification: C Corp S Corp Partnership)
 C Corporation S Corporation Non-Profit
 24. Corp Not for Profit
 Business: CONDO ASSOCIATION

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or _____

Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X]
 I.D. # _____ D.O.B. _____

(2): [X]
 I.D. # _____ D.O.B. _____

(3): [X]
 I.D. # _____ D.O.B. _____

(4): [X]
 I.D. # _____ D.O.B. _____

The person(s) named below are Convenience Signers only (not owners)

[X] *Patrizia Vallieri*
 PATRIZIA VALLIERI

I.D. # 34484716 Other 09/13/1965

[X]
 SHANA NISSEN

I.D. # 25013147 Other 09/16/1977

Backup Withholding Certifications (Non-U.S. Persons - Use separate Form W-8)
 By signing at right, I, PATRIZIA VALLIERI, certify under penalties of perjury that the statements made in this section are true.
 TIN: 85-0927649 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.
 Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

SIGNATURE ADDENDUM 6556315906

Date of Document: 12/29/2023

Additional Parties' Type: Convenience Signer

Names and Addresses of Parties:
CAROL LEDBETTER

615 OXFORD DR STE 105
NEW BRAUNFELS, TX 78130-6570

Signatures. By signing under seal, I agree to the terms contained in the named document. The undersigned also acknowledge receipt of a copy of this named document.

AGAVE LOFTS CONDOMINIUM ASSOCIATION INC
Entity Name

Entity Name

Signature CAROL LEDBETTER Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Entity Name

Entity Name

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Signature Date (Seal)

Debit Card Application

Name of Applicant: PATRIZIA VALLIERI	Name of Business: AGAVE LOFTS
Address: 615 OXFORD DR STE 105	City/State/Zip: NEW BRAUNFELS, TX 78130-6570
Cell Phone #: (512) 618-2645	Port Number: 66535
Checking Account Number: 6556315906	Savings Account Number:

New Card
 Charge
 Replacement – Card # _____
 No Charge
 Instant Issue
 Branch pick up _____
 Mail Employee: Brittani Hackfeld

By my signature below, I am requesting a TrustTexas Bank, SSB Debit Card. I understand that my Debit Card will allow access to my bank accounts listed above. I understand to memorize my Personal Identification Number (PIN) and not to write the PIN where it can be stolen or lost with my Debit Card. I have received a copy of the liability disclosures concerning the use of my Debit Card. The Bank may obtain a current credit report upon receipt of this application. I agree to abide by the regulation terms and conditions established by TrustTexas Bank, SSB as related to the use of the Debit Card.

	12/29/2023
Signature of Applicant	Date

Visa Account Updater (VAU)	
Old debit card number	
Old expiration date	

<i>Deposit Ops Use Only</i>	
Card #	
F/M:	Date:
Reviewed:	Date: