

1.) CORPORATION NAME:

**KENT GARDENS RECREATION CLUB, INCORPORATED**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KEVIN N MULCAHY  
6811 LUMSDEN ST  
MCLEAN, VA**

SCC ID NO: **00763557**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 41

CITY/ST/ZIP: MCLEAN, VA 22101

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CHRIS FREEDLANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7801 FALSTAFF ROAD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	CRAIG LIDDELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6609 BRIAR HILL COURT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	JENNIFER SCHANTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1616 ROSEMONT COURT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	TIM DAR JUAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6521 ORLAND STREET		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		
NAME:	CHARLOTTE HELIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1722 MERRYHILL PLACE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	KURT MICKELWAIT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6543 ORLAND STREET		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		

NAME: KEVIN MULCAHY TITLE: DIRECTOR ADDRESS: 6811 LUMSDEN ST CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARCUS SIMON TITLE: DIRECTOR ADDRESS: 6719 MONTOUR DRIVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CRAIG LIDDELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG LIDDELL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/23/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		