

1.) CORPORATION NAME:

**THE HIDDENWOOD RECREATION ASSOCIATION,  
INCORPORATED**

DUE DATE: **2/28/2011**

SCC ID NO: **00772863**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
CHARLES CAMPBELL  
4 CHERBOURG DRIVE  
NEWPORT NEWS, VA 23606**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NEWPORT NEWS CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6488

CITY/ST/ZIP: NEWPORT NEWS, VA 23606-

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:	NATHAN PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	20 MAC IRVIN DR		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606-		
NAME:	BART BACON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Finance		
ADDRESS:	29 STRATFORD RD		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23601-		
NAME:	AMY GOODRICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	200 MASSELL COURT		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606-		
NAME:	KIM HUNT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Membership		
ADDRESS:	202 MASSELL COURT		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606-		
NAME:	DAVID HARLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	117 DOGWOOD DRIVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606-		

NAME: CHARLES CAMPBELL TITLE: TREASURER ADDRESS: 4 CHERBOURG DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JANA BURKHOLDER TITLE: Membership ADDRESS: 331 LYNCHBURG DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LESA MCGUIRE TITLE: Swim Team ADDRESS: 104 HERMITAGE ROAD CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CANDACE YOST TITLE: Personnel ADDRESS: 106 TYNDALL DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARK GORTON TITLE: Engineering ADDRESS: 267 BENNS ROAD CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23601-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEFFREY C HARLOW TITLE: DIRECTOR ADDRESS: 547 HALLMARK DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<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/ DAVID HARLOW _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID HARLOW, VICE _____ PRESIDENT PRINTED NAME AND CORPORATE TITLE
_____ DATE	
1/19/2011	
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.	