

1.) CORPORATION NAME:

**THE HIDDENWOOD RECREATION ASSOCIATION,
INCORPORATED**

DUE DATE: **2/29/2012**

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.

<p>NAME: CHARLES CAMPBELL TITLE: TREASURER ADDRESS: 4 CHERBOURG DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: BART BACON TITLE: FINANCE ADDRESS: 29 STRATFORD RD CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23601-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: MARK GORTON TITLE: ENGINEERING ADDRESS: 267 BENNS ROAD CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23601-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: KIM HUNT TITLE: MEMBERSHIP ADDRESS: 202 MASSELL COURT CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: LESA MCGUIRE TITLE: SWIM TEAM ADDRESS: 104 HERMITAGE ROAD CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>

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
NAME: DAVID HARLOW TITLE: PRESIDENT ADDRESS: 117 DOGWOOD DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CANDACE YOST TITLE: VICE PRESIDENT ADDRESS: 106 TYNDALL DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: AMY GOODRICH TITLE: MEMBER AT LARGE ADDRESS: 200 MASSELL COURT CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JANA BURKHOLDER TITLE: PERSONNEL ADDRESS: 331 LYNCHBURG DRIVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANNA WALL TITLE: SECRETARY ADDRESS: 5 FONTAINE ROAD CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23601-	<input checked="" type="checkbox"/> OFFICER <input 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/ CHARLES CAMPBELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES CAMPBELL, TREASURER PRINTED NAME AND CORPORATE TITLE
1/3/2012 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.	