

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211516389

1.) CORPORATION NAME:

**SLEEPY HOLLOW RECREATION ASSOCIATION,
INCORPORATED**

DUE DATE: **8/31/2011**

SCC ID NO: **00808931**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MOE JAFARI
6420 CROSSWOODS DRIVE
FALLS CHURCH, VA 22044**

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: PO BOX 2124

CITY/ST/ZIP: FALLS CHURCH, VA 22042-

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: JOHN MALLON
TITLE: TREASURER
ADDRESS: 414 E BROAD STREET
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22046-

OFFICER

DIRECTOR

NAME: MIKE BIZER
TITLE: DIRECTOR
ADDRESS: 6820 CHERRY LN
CITY/ST/ZIP/CO: ANNANDALE, VA 22003-

OFFICER

DIRECTOR

NAME: MOE JAFARI
TITLE: PRESIDENT
ADDRESS: 6420 RACE
CROSSWOODS DR
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044-

OFFICER

DIRECTOR

NAME: JULIE CRAIN
TITLE: SECRETARY
ADDRESS: 6822 BEECHTREE LANE
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-

OFFICER

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/ JULIE CRAIN

JULIE CRAIN, SECRETARY

7/26/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

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.