

1.) CORPORATION NAME:

COLONIAL COURT APARTMENTS, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOSEPH A PERINI
MG LAW
1802 BAYBERRY CT STE 200**

SCC ID NO: **00881227**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	300
COMBNV	2,700

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9701 GAYTON ROAD
2ND FLOOR

CITY/ST/ZIP: HENRICO, VA 23238

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:	BRETT A HAVENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2359 WHEATLAND DRIVE		
CITY/ST/ZIP/CO:	MANAKIN-SABOT, VA 23103		

NAME:	LINDA M HAVENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2016 BAMBOO DRIVE		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40513		

NAME:	SCOTT J HAVENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10009 FALCONBRIDGE DRIVE		
CITY/ST/ZIP/CO:	HENRICO, VA 23238		

NAME:	CATHY H SAFERIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREAS & CO-SECR		
ADDRESS:	2321 WADEBRIDGE ROAD		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

NAME:	ROBIN H FLOYD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-SECRETARY		
ADDRESS:	8488 WEEMS ROAD		
CITY/ST/ZIP/CO:	MANASSAS, VA 22110		

NAME:	ARTHUR E HAVENS, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN & CEO		
ADDRESS:	5344 COMMUNITY HOUSE ROAD		
CITY/ST/ZIP/CO:	GOOCHLAND, VA 23063		

NAME: JOAN H HAVENS TITLE: DIRECTOR ADDRESS: 7 ROSLYN HILLS DR CITY/ST/ZIP/CO: HENRICO, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STARR H HAVENS TITLE: DIRECTOR ADDRESS: 420 YANCEY DRIVE CITY/ST/ZIP/CO: BUMPASS, VA 23024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ BRETT A HAVENS	BRETT A HAVENS, PRESIDENT	11/27/2013
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.