

SCC eFile  
(6/10)

2010 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

210508226

1.) CORPORATION NAME:

**SHENANDOAH RIVER ESTATES CIVIC AND  
DEVELOPMENT CORPORATION**

DUE DATE: **12/31/2010**

SCC ID NO: **00888073**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
DENNIS HOCHKAMMER  
731 HARRIS DR  
FRONT ROYAL, VA 22630**

5.) STOCK INFORMATION

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

**WARREN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 HARRIS DR

CITY/ST/ZIP: FRONT ROYAL, VA 22630-

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:	BENTON FISHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4116 DOVEVILLE LANE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032-		
NAME:	DARLENE TRUSLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	119 HARRIS DRIVE		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630-		
NAME:	DENNIS HOCHKAMMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	731 HARRIS DRIVE		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630-		
NAME:	EVA CHALLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	646 HARRIS DRIVE		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630-		
NAME:	CONNIE HOUSTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	195 HARRIS DRIVE		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630-		

NAME: GLENN PURDY TITLE: DIRECTOR ADDRESS: 4126 GARDNER DRIVE CITY/ST/ZIP/CO: PORT CHARLOTTE, FL 33952-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES MICHEL TITLE: DIRECTOR ADDRESS: 488 AVALON DRIVE CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LEE KOMICH TITLE: DIRECTOR ADDRESS: 6109 TAMMY DRIVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ANDY SOLBERG TITLE: DIRECTOR ADDRESS: 1502 EMERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20011-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARK RIDGEWAY TITLE: DIRECTOR ADDRESS: 39682 LOVETTSVILLE ROAD CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180-	<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/ DENNIS HOCHKAMMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS HOCHKAMMER, DIRECTOR PRINTED NAME AND CORPORATE TITLE	4/28/2011 DATE
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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.