

1.) CORPORATION NAME:

**BRIGHTON GREEN COMMUNITY ASSOCIATION**

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EDWIN GADBERRY III  
9100 ARBORETUM PKWY STE 300  
RICHMOND, VA**

SCC ID NO: **01069996**

5.) STOCK INFORMATION

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

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 35759

CITY/ST/ZIP: RICHMOND, VA 23235

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: JAMES SPRINGER TITLE: PRESIDENT ADDRESS: 340 BRIGHTON DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS MANN TITLE: TREASURER ADDRESS: 9016 ANBERN DR CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER LAW TITLE: SECRETARY ADDRESS: 609 N PINETTA DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEIDI CARR TITLE: DIRECTOR ADDRESS: 609 N PINETTA DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID CRIGHTON TITLE: DIRECTOR ADDRESS: 9024 ANBERN DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MATT GOEDERT TITLE: DIRECTOR ADDRESS: 609 N PINETTA DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KAREN HUFFORD TITLE: DIRECTOR ADDRESS: 609 N PINETTA DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIRGINIA MCKENNEY TITLE: DIRECTOR ADDRESS: 609 N PINETTA DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAVINIA MOXEY TITLE: DIRECTOR ADDRESS: 609 N PINETTA DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALI SHENK TITLE: DIRECTOR ADDRESS: 609 N PINETTA DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23235	<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/ JAMES SPRINGER	JAMES SPRINGER, PRESIDENT	5/29/2015
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.		