

1.) CORPORATION NAME:

SHADOWBROOK HOMEOWNERS ASSOCIATION, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RANDY PARKER
3812 MARYLAND STREET
ALEXANDRIA, VA 22309**

SCC ID NO: **01203819**

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: 3812 MARYLAND ST

CITY/ST/ZIP: ALEXANDRIA, VA 22309

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:	(EDWARD) RANDY PARKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3812 MARYLAND ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		
NAME:	PAM PARKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	3812 MARYLAND ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		
NAME:	FRED BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3805 MARYLAND ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		
NAME:	SUSANNE DAVIDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3710 MARYLAND ST		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		
NAME:	John Wanzer	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3700 Maryland Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22309		
NAME:	Peter Cataldo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3807 Maryland Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22309		

NAME: Clint Downing TITLE: DIRECTOR ADDRESS: 3714 Maryland Street CITY/ST/ZIP/CO: Alexandria, VA 22309	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Nancy Mullett TITLE: DIRECTOR ADDRESS: 3809 Maryland Street CITY/ST/ZIP/CO: Alexandria, VA 22309	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Janie Bauer TITLE: DIRECTOR ADDRESS: 3801 Maryland Street CITY/ST/ZIP/CO: Alexandria, VA 22309	<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/ PAM PARKER	PAM PARKER, SEC/TREAS	1/28/2013
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.		