

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**

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: 3700 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: John Wanzer TITLE: PRESIDENT ADDRESS: 3700 MARYLAND ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Deborah Cricklin TITLE: VICE PRESIDENT ADDRESS: 3703 MARYLAND STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patty Hashmi-Wanzer TITLE: SEC/TREAS ADDRESS: 3700 MARYLAND ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" 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
NAME: FRED BROWN TITLE: DIRECTOR ADDRESS: 3805 MARYLAND ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER CATALDO TITLE: DIRECTOR ADDRESS: 3807 MARYLAND STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SUSANNE DAVIDSON TITLE: DIRECTOR ADDRESS: 3710 MARYLAND ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: Rachel McCaffrey TITLE: Co-VP ADDRESS: 3703 Maryland Street CITY/ST/ZIP/CO: Alexandria, VA 22309	<input checked="" type="checkbox"/> OFFICER	<input 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/ John Wanzer	John Wanzer, PRESIDENT	10/8/2013
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.		