

SCC eFile

**2016 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

216515850

1.) CORPORATION NAME:

**SHADOWBROOK HOMEOWNERS ASSOCIATION, INC.**

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN WANZER  
3700 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

OFFICER

DIRECTOR

NAME: DEBORAH CRICKLIN  
TITLE: VICE PRESIDENT  
ADDRESS: 3703 MARYLAND STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309

OFFICER

DIRECTOR

NAME: RACHEL MCCAFFREY  
TITLE: CO-VP  
ADDRESS: 3703 MARYLAND STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309

OFFICER

DIRECTOR

NAME: PATTY HASHMI-WANZER  
TITLE: SEC/TREAS  
ADDRESS: 3700 MARYLAND ST  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309

OFFICER

DIRECTOR

NAME: JANIE BAUER  
TITLE: DIRECTOR  
ADDRESS: 3801 MARYLAND STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309

OFFICER

DIRECTOR

NAME: FRED BROWN  
TITLE: DIRECTOR  
ADDRESS: 3805 MARYLAND ST  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309

OFFICER

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
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN WANZER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/27/2016 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.		