

1.) CORPORATION NAME:

**FARMINGTON PROPERTY OWNERS ASSOCIATION**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FREDERICK W PAYNE  
414 E JEFFERSON ST  
CHARLOTTESVILLE, VA**

SCC ID NO: **01232131**

5.) STOCK INFORMATION

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

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 5321

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22905-5321

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:	SARAH DANDRIDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1170 TENNIS ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	JOHN NUNLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	950 WINDSOR ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	WILLIAM HERBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	475 OAK CIRCLE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	ERIC KALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	2540 PINE LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	Virginia Mackey	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	720 Covey Hill Road		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	John Toole	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Farmington Drive		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		

NAME: Eugene Schutt TITLE: DIRECTOR ADDRESS: 2020 Dogwood Lane CITY/ST/ZIP/CO: Charlottesville, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Bart Weis TITLE: DIRECTOR ADDRESS: 465 Oak Circle CITY/ST/ZIP/CO: Charlottesville, VA 22901	<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/ SARAH DANDRIDGE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARAH DANDRIDGE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/24/2013 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.		