

1.) CORPORATION NAME:

SMITH MOUNTAIN LAKE ASSOCIATION INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
GALE L TAYLOR
400 SCRUGGS RD STE 2100
MONETA, VA 24121**

DUE DATE: **5/31/2011**

SCC ID NO: **01264589**

5.) STOCK INFORMATION

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

FRANKLIN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 SCRUGGS RD STE 2100

CITY/ST/ZIP: MONETA, VA 24121-

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: TOM HOFELICH
TITLE: TREASURER
ADDRESS: 106 FREEBOARD DR
CITY/ST/ZIP/CO: MONETA, VA 24121-

OFFICER

DIRECTOR

NAME: BILL BRUSH
TITLE: DIRECTOR
ADDRESS: 81 LIGHTHOUSE LN
CITY/ST/ZIP/CO: MONETA, VA 24121-

OFFICER

DIRECTOR

NAME: LARRY ICEMAN
TITLE: DIRECTOR
ADDRESS: 562 FOX CHASE RD
CITY/ST/ZIP/CO: WIRTZ, VA 24184-

OFFICER

DIRECTOR

NAME: KRISTINA MIZE
TITLE: PRESIDENT
ADDRESS: 499 PERIWINKLE RD
CITY/ST/ZIP/CO: MONETA, VA 24121-

OFFICER

DIRECTOR

NAME: STANLEY W SMITH
TITLE: DIRECTOR
ADDRESS: 199 WINDMERE POINT
CITY/ST/ZIP/CO: MONETA, VA 24121-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM PILVERSACK VICE PRESIDENT 105 CHARLOTTE LN HARDY, VA 24101-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GALE L TAYLOR SECRETARY 275 HAMPTON DR UNION HALL, VA 24176-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER LEWIS ASST TREASURER 3862 HICKORY COVE LN MONETA, VA 24121-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE BORGMAN DIRECTOR 240 CAMBRIDGE CT HARDY, VA 24101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM BUCHANAN DIRECTOR 1796 DUDLEY AMOS RD MONETA, VA 24121-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB CAMICIA DIRECTOR 143 CHARLOTTE LN HARDY, VA 24101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON FELIX DIRECTOR 2104 TRAILS END RD GOODVIEW, VA 24095-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA HAMMOCK DIRECTOR 8816 TRUEVINE RD GLADE HILL, VA 24092-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LINDSEY DIRECTOR 320 FINGERLAKE RD PENHOOK, VA 24137-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLIE MARSHALL DIRECTOR 77 PACIFIC AVE MONETA, VA 24121-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICHAEL MCEVOY TITLE: DIRECTOR ADDRESS: 2584 INGLEWOOD RD CITY/ST/ZIP/CO: ROANOKE, VA 24015-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DORIS NEUDORFER TITLE: DIRECTOR ADDRESS: 203 LEE DR CITY/ST/ZIP/CO: HUDDLESTON, VA 24104-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOM SCOTT TITLE: DIRECTOR ADDRESS: 690 SUMMERWIND DR CITY/ST/ZIP/CO: UNION HALL, VA 24176-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LOIS SPENCER TITLE: DIRECTOR ADDRESS: 36 HALLS LN CITY/ST/ZIP/CO: MONETA, VA 24121-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RANDY STOW TITLE: DIRECTOR ADDRESS: 1746 MALLARD POINT RD CITY/ST/ZIP/CO: WIRTZ, VA 24184-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIM TINGLER TITLE: DIRECTOR ADDRESS: 11509 OLD FRANKLIN TRNPK CITY/ST/ZIP/CO: UNION HALL, VA 24176-	<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/ GALE L TAYLOR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GALE L TAYLOR, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
4/15/2011 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.	