

1.) CORPORATION NAME: **CORROTOMAN-BY-THE-BAY ASSOCIATION** DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **BONNIE J D HAYNIE** SCC ID NO: **01294701**

**225 MARINA RD
LANCASTER, VA 22503**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 99
CITY/ST/ZIP: MOLLUSK, VA 22517

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:	BONNIE J D HAYNIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	225 MARINA RD		
CITY/ST/ZIP/CO:	LANCASTER, VA 22503		
NAME:	BARRY JACKSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12509 ROCKY RIVER DRIVE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	JUDITH ATLAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12509 ROCKY RIVER DR		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	CHRISTINE B NAUMANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 182		
CITY/ST/ZIP/CO:	MOLLUSK, VA 22517		
NAME:	JOHN COOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	52 DOCK RD		
CITY/ST/ZIP/CO:	LANCASTER, VA 22503		
NAME:	Catherine Bennett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	854 Pinkardsville Rd		
CITY/ST/ZIP/CO:	Lancaster, VA 22503		

NAME: Lori Giberson TITLE: DIRECTOR ADDRESS: Corrotoman Drive CITY/ST/ZIP/CO: Lancaster, VA 22503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Norman Haynie TITLE: DIRECTOR ADDRESS: 225 Marina Rd CITY/ST/ZIP/CO: Lancaster, VA 22503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Roger Failmezger TITLE: DIRECTOR ADDRESS: PO Box 83 CITY/ST/ZIP/CO: Morattico, VA 22523	<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/ BONNIE J D HAYNIE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BONNIE J D HAYNIE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/31/2012 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.		