

1.) CORPORATION NAME:

CORROTOMAN-BY-THE-BAY ASSOCIATION

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CATHERINE A BENNETT
1187 CORROTOMAN DRIVE
P.O. BOX 99**

SCC ID NO: **01294701**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MOLLUSK, VA

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
1187 Corrotoman Drive

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:	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:	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:	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:	CATHERINE BENNETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	854 PINKARDSVILLE RD		
CITY/ST/ZIP/CO:	LANCASTER, VA 22503		

NAME:	ROGER FAILMEZGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 83		
CITY/ST/ZIP/CO:	MORATTICO, VA 22523		

NAME:	Beverly B Saunders	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	190 East Highview Drive		
CITY/ST/ZIP/CO:	Lancaster, VA 22503		

NAME: Will Linne TITLE: DIRECTOR ADDRESS: 2830 Meadow Lane CITY/ST/ZIP/CO: Falls Church, VA 22042	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Maria L Merkwitz TITLE: DIRECTOR ADDRESS: 9945 Cherry Tree Lane CITY/ST/ZIP/CO: Silver Spring, MD 20901	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert T Bennett TITLE: DIRECTOR ADDRESS: 854 Pinckardsville Road CITY/ST/ZIP/CO: Lancaster, VA 22503	<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/ CATHERINE BENNETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHERINE BENNETT, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/8/2014 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.		