

1.) CORPORATION NAME:

**GLEBE HARBOR - CABIN POINT PROPERTY
OWNER'S ASSOCIATION, INC.**

DUE DATE: **11/30/2012**

SCC ID NO: **01348507**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HAROLD LEIFER
751 GLEBE HARBOR DR
MONTROSS, VA 22524**

5.) STOCK INFORMATION

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

WESTMORELAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 751 GLEBE HARBOR DRIVE

CITY/ST/ZIP: MONTROSS, VA 22520

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: William Cole TITLE: PRESIDENT ADDRESS: 751 GLEBE HARBOR DRIVE CITY/ST/ZIP/CO: MONTROSS, VA 22520-4158	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER CHANTRY TITLE: 1ST VP ADDRESS: 751 GLEBE HARBOR DRIVE CITY/ST/ZIP/CO: MONTROSS, VA 22520	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY BRUNSON TITLE: SECRETARY ADDRESS: 751 GLEBE HARBOR DRIVE CITY/ST/ZIP/CO: MONTROSS, VA 22520	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD LEIFER TITLE: TREASURER ADDRESS: 751 GLEBE HARBOR DRIVE CITY/ST/ZIP/CO: MONTROSS, VA 22520	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANICE COATES TITLE: DIRECTOR ADDRESS: 751 GLEBE HARBOR DRIVE CITY/ST/ZIP/CO: MONTROSS, VA 22520	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Donovan Rawlings TITLE: DIRECTOR ADDRESS: 751 Glebe Harbor Dr CITY/ST/ZIP/CO: Montross, VA 22520-4158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: George Algie TITLE: DIRECTOR ADDRESS: 751 Glebe Harbor Dr CITY/ST/ZIP/CO: Montross, VA 22520-4158	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: William (Buck) Pace TITLE: 2nd Vice-Pres. ADDRESS: 751 Glebe Harbor Dr CITY/ST/ZIP/CO: Montross, VA 22520-4158	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jeanne Axtell TITLE: DIRECTOR ADDRESS: 751 Glebe Harbor Dr CITY/ST/ZIP/CO: Montross, VA 22520-4158	<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/ HAROLD LEIFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HAROLD LEIFER, TREASURER PRINTED NAME AND CORPORATE TITLE	9/23/2012 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.		