

1.) CORPORATION NAME: **GLEBE HARBOR - CABIN POINT PROPERTY** DUE DATE: **11/30/2013**

OWNER'S ASSOCIATION, INC. SCC ID NO: **01348507**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NANCY S BRUNSON** 5.) STOCK INFORMATION
1578 ROYAL WAY CLASS AUTHORIZED
MONTROSS, VA

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:	JEANNE AXTELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	751 GLEBE HARBOR DRIVE		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520-4158		

NAME:	DON MONGOLD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	1ST VP		
ADDRESS:	751 GLEBE HARBOR DRIVE		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520		

NAME:	WILLIAM (BUCK) PACE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	751 GLEBE HARBOR DR		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520-4158		

NAME:	HAROLD LEIFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	751 GLEBE HARBOR DRIVE		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520		

NAME:	NANCY BRUNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	751 GLEBE HARBOR DRIVE		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520		

NAME:	WILLIAM COLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	751 GLEBE HARBOR DR		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520-4158		

NAME: HARRIET DIXON 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: 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: JERRY SARTORI 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/ NANCY BRUNSON	NANCY BRUNSON, SECRETARY		11/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		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.				