

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**  
**1578 ROYAL WAY**  
**MONTROSS, VA**

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: JEANNE AXTELL 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: DON MONGOLD 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: WILLIAM (BUCK) PACE TITLE: VICE PRESIDENT ADDRESS: 751 GLEBE HARBOR DR CITY/ST/ZIP/CO: MONTROSS, VA 22520-4158	<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: 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: 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: WILLIAM COLE 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: 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: 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY BRUNSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/30/2013 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.		