

1.) CORPORATION NAME:

THE WATERFORD HOMEOWNERS ASSOCIATION, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LAURIE L DOLSON PC
10513 JUDICIAL DR STE 101
FAIRFAX, VA**

SCC ID NO: **01378959**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 702

CITY/ST/ZIP: VIENNA, VA 22183

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: EUGENIA COLON TITLE: PRESIDENT ADDRESS: 2914 CASHEL LANE CITY/ST/ZIP/CO: VIENNA, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAGLA GUVELIOGLU TITLE: VICE PRESIDENT ADDRESS: 2906 CASHEL LANE CITY/ST/ZIP/CO: VIENNA, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLIE CLARK TITLE: DIRECTOR ADDRESS: 9911 FINIAN COURT CITY/ST/ZIP/CO: VIENNA, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREG WILSKA TITLE: SECRETARY ADDRESS: 2960 CASHEL LANE CITY/ST/ZIP/CO: VIENNA, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SARAH BABSON TITLE: TREASURER ADDRESS: 2946 WATERFORD COURT CITY/ST/ZIP/CO: VIENNA, VA 22181	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MACKENZIE SESTAK TITLE: DIRECTOR ADDRESS: 2945 WATERFORD COURT CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ALLEN HORNSETH TITLE: DIRECTOR ADDRESS: 2950 CASHEL LANE CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ELLIOT NORMAN TITLE: DIRECTOR ADDRESS: 2927 CASHEL LANE CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARK POWERS TITLE: DIRECTOR ADDRESS: 9934 LONGFORD COURT CITY/ST/ZIP/CO: VIENNA, VA 22181	<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/ EUGENIA COLON	EUGENIA COLON, PRESIDENT	4/27/2014		
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.				