

1.) CORPORATION NAME:

CAPTAIN'S COVE GOLF AND YACHT CLUB, INC.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANITA C JOHNSON
23405 FRONT ST
PO BOX 877**

SCC ID NO: **01413640**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ACCOMAC, VA 23301

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ACCOMACK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3370 CAPTAIN'S CORRIDOR

CITY/ST/ZIP: GREENBACKVILLE, VA 23356

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:	THOMAS THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2292 RUDDER COURT		
CITY/ST/ZIP/CO:	GREENBACKVILLE, VA 23356		

NAME:	LANCE STITCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ADMINISTRATIVE		
ADDRESS:	3640 CAPTAIN'S CORRIDOR		
CITY/ST/ZIP/CO:	GREENBACKVILLE, VA 23356		

NAME:	JOHN WARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3535 CAPTAINS CORRIDOR		
CITY/ST/ZIP/CO:	GREENBACKVILLE, VA 23356		

NAME:	Timothy R. Hearn	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7172 Columbia Gateway Dr. Suite 400		
CITY/ST/ZIP/CO:	Columbia, MD 21046		

NAME:	Thomas Nagle	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8331 Wild Cherry Court		
CITY/ST/ZIP/CO:	Laurel, MD 20723		

NAME:	Michael Glick	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2201 Old Ct. Road The Cooperage		
CITY/ST/ZIP/CO:	Baltimore, MD 21208		

NAME: James Silfee TITLE: DIRECTOR ADDRESS: 2201 Old Court Road The Cooperage CITY/ST/ZIP/CO: Baltimore, MD 21208	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Bob Miller TITLE: DIRECTOR ADDRESS: 37142 Main Sail Court CITY/ST/ZIP/CO: Greenbackville, VA 23356	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Charles Williams TITLE: Alternate ADDRESS: 316 Vostek Dr. CITY/ST/ZIP/CO: Little River, SC 29566	<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/ LANCE STITCHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LANCE STITCHER, ADMINSTRATIVE PRINTED NAME AND CORPORATE TITLE	11/7/2012 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.		