

1.) CORPORATION NAME:

CORNWELL FARM HOMEOWNERS ASSOCIATION

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLINTON BEASTROM
672 AD HOC ROAD
GREAT FALLS, VA**

SCC ID NO: **01454347**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 674 AD HOC RD

CITY/ST/ZIP: GREAT FALLS, VA 22066

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN MERRILL	
TITLE:	PRESIDENT	
ADDRESS:	9320 CORNWALL FARM ROAD	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CLINTON BEASTROM	
TITLE:	TREASURER	
ADDRESS:	672 AD HOC ROAD	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELIZABETH SINGER	
TITLE:	TREASURER	
ADDRESS:	674 AD HOC RD	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANGELA MOORE	
TITLE:	SECRETARY	
ADDRESS:	9411 CORNWELL FARM RD	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

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/ CLINTON BEASTROM	CLINTON BEASTROM,	3/24/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.