

1.) CORPORATION NAME:
**COBBLER SPRINGS FARM COMMUNITY ASSOCIATION,
INC.**

DUE DATE: **7/31/2015**

SCC ID NO: **01471770**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:
**SHARON R HODGES
5208 DIXONS MILL RD
MARSHALL, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5208 DIXONS MILL ROAD

CITY/ST/ZIP: MARSHALL, VA 20115

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:	SHARON R HODGES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5208 DIXONS MILL ROAD		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

NAME:	CHRISTINE CARP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11155 SILO ROAD		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

NAME:	THOMAS HAYS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11216 SILO ROAD		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

NAME:	WILLIAM R MANN IV	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11278 SILO RD		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

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.

<u>/s/ SHARON R HODGES</u>	<u>SHARON R HODGES,</u>	<u>6/9/2015</u>
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.