

1.) CORPORATION NAME:

**LA BELLE ESTATES HOMEOWNERS ASSOCIATION, INC.**

DUE DATE: **9/30/2011**

SCC ID NO: **01482207**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
BONNIE FARRAN  
337 LABELLE DR  
STUARTS DRAFT, VA 24477**

5.) STOCK INFORMATION

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

**AUGUSTA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: LABELLE ESTATES HOMEOWNERS ASSOCIATION  
P.O. BOX 999

CITY/ST/ZIP: STUARTS DRAFT, VA 24477-

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: LISE ROMAINE  
TITLE: DIRECTOR  
ADDRESS: 158 LABELLE DR  
CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477-

OFFICER  DIRECTOR

NAME: BONNIE HINSON  
TITLE: SECRETARY  
ADDRESS: 239 LABELLE DR  
CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477-

OFFICER  DIRECTOR

NAME: JANE MCGEHEE  
TITLE: VICE PRESIDENT  
ADDRESS: 110 LABELLE DR  
CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477-

OFFICER  DIRECTOR

NAME: DARLENE KOBLICK  
TITLE: DIRECTOR  
ADDRESS: 336 LABELLE DRIVE  
CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477-

OFFICER  DIRECTOR

NAME: BONNIE FARRAN  
TITLE: PRESIDENT  
ADDRESS: 337 LABELLE DR  
CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477-

OFFICER  DIRECTOR

NAME: LINDA HAM TITLE: DIRECTOR ADDRESS: 80 LABELLE LANE CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ BONNIE FARRAN	BONNIE FARRAN, PRESIDENT	9/5/2011
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.