

1.) CORPORATION NAME:

FLATTOP MOUNTAIN LANDOWNERS ASSOCIATION, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RODERICK D. HARVEY
8 YARMOUTH CIRCLE
NEWPORT NEWS, VA**

SCC ID NO: **01495803**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NEWPORT NEWS CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8 YARMOUTH CIRCLE

CITY/ST/ZIP: NEWPORT NEWS, VA 23602

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: STEVE KNEIPP TITLE: PRESIDENT ADDRESS: PO Box 316 CITY/ST/ZIP/CO: Free Union , VA 22940	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DEAN WILDER TITLE: VICE PRESIDENT ADDRESS: 332 WOODCOCK WAY CITY/ST/ZIP/CO: FREE UNION, VA 22940	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RODERICK D. HARVEY TITLE: ASST TREASURER ADDRESS: 8 YARMOUTH CIR. CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Paul Mann TITLE: DIRECTOR ADDRESS: 921 HANOVER ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTY ELLINGTON TITLE: DIRECTOR ADDRESS: 971 FLATTOP MT ROAD CITY/ST/ZIP/CO: FREE UNION, VA 22940	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH GARDINER TITLE: DIRECTOR ADDRESS: 3313 HEMLOCK DR CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DAVID HOGG TITLE: DIRECTOR ADDRESS: 270 IPSWICH PLACE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHERYL MAYER TITLE: SECRETARY ADDRESS: 410 NORTH WEST ST CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN REYNOLDS TITLE: DIRECTOR ADDRESS: 3812 SOUTH BLUE RIDGE CITY/ST/ZIP/CO: ROCHELLE, VA 22738	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NOEL WRIGHT TITLE: DIRECTOR ADDRESS: 7527 BEULAH ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Judy Kneipp TITLE: PRESIDENT ADDRESS: PO Box 316 CITY/ST/ZIP/CO: Free Union, VA 22940	<input checked="" 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/ RODERICK D. HARVEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RODERICK D. HARVEY, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	12/14/2013 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.		