

1.) CORPORATION NAME:

VAUCLUSE SHORES ASSOCIATION, INCORPORATED

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MICHAEL CANALES
11226 CHURCH NECK ROAD
MACHIPONGO, VA 23405**

SCC ID NO: **01580554**

5.) STOCK INFORMATION

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

NORTHAMPTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11226 CHURCH NECK ROAD

CITY/ST/ZIP: MACHIPONGO, VA 23405-

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: SHIRLEY KARMILOVICH
TITLE: SECRETARY
ADDRESS: 12411 TROUT LANE
CITY/ST/ZIP/CO: MACHIPONGO, VA 23405-

OFFICER

DIRECTOR

NAME: MARGARET ZIEGLER
TITLE: TREASURER
ADDRESS: 12279 TROUT LANE
CITY/ST/ZIP/CO: MACHIPONGO, VA 23405-

OFFICER

DIRECTOR

NAME: JOHN READ
TITLE: PRESIDENT
ADDRESS: 3155 BLACK DRUM
CITY/ST/ZIP/CO: MACHIPONGO, VA 23405-

OFFICER

DIRECTOR

NAME: RONNIE ORLICK
TITLE: VICE PRESIDENT
ADDRESS: 3191 BLACK DRUM
CITY/ST/ZIP/CO: MACHIPONGO, VA 23405-

OFFICER

DIRECTOR

NAME: EDWARD KARMILOVICH
TITLE: POOL MANAGER
ADDRESS: 12411 TROUT LANE
CITY/ST/ZIP/CO: MACHIPONGO, VA 23405-

OFFICER

DIRECTOR

NAME: HELEN KINBACHER TITLE: Grounds Manager ADDRESS: 3178 PHEASANT CT CITY/ST/ZIP/CO: MACHIPONGO, VA 23405-	<input checked="" type="checkbox"/> OFFICER <input 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/ JOHN READ _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN READ, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	2/15/2012 _____ 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.		