

1.) CORPORATION NAME:

**BEAVERWOOD LAKE ASSOCIATION**

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES REGN  
4250 DOGWOOD DR  
PALMYRA, VA**

SCC ID NO: **01634872**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FLUVANNA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4250 DOGWOOD DRIVE

CITY/ST/ZIP: PALMYRA, VA 22963

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: BOB MOORE TITLE: PRESIDENT ADDRESS: 16809 MELBORNE DR CITY/ST/ZIP/CO: LAUREL, MD 20707	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANN M REGN TITLE: TREASURER ADDRESS: 4250 DOGWOOD DRIVE CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK H BIRD TITLE: ASST SECRETARY ADDRESS: 553 COLD SPRING TRAIL CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHAWN M SNYDER TITLE: ASST SECRETARY ADDRESS: 295 COLD SPRING TRAIL CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVE BEAZLEY TITLE: DIRECTOR ADDRESS: 4023 DOGWOOD DRIVE CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WALTER D GOODRICH TITLE: DIRECTOR ADDRESS: 771 COLD SPRING TRAIL CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RAYMOND O'DONAHUE TITLE: DIRECTOR ADDRESS: 899 COLD SPRING TRAIL CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: JAMES REGN TITLE: DIRECTOR ADDRESS: 4250 DOGWOOD DRIVE CITY/ST/ZIP/CO: PALMYRA, VA 22963	<input 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/ ANN M REGN	ANN M REGN, TREASURER	12/1/2015
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.