

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214512357

1.) CORPORATION NAME:

TALLWOODS ASSOCIATION, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEOFFREY WILLIAM GRAY
7627 CLIFTON ROAD
FAIRFAX STATION, VA**

SCC ID NO: **01651165**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O EAST COAST MANAGEMENT & CONSULTING
8107 AINSWORTH AVE

CITY/ST/ZIP: SPRINGFIELD, VA 22152

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:	WILLIAM T AYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6111 SWEET MAPLE CT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152-1430		

NAME:	ILSE STANTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6041 SELWOOD PLACE		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152-1413		

NAME:	GEOFFREY W GRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7627 CLIFTON RD		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		

NAME:	Paulette Dawson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6042 Selwood Place		
CITY/ST/ZIP/CO:	Springfield, VA 22152		

NAME:	Barbara Brownlee	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6043 Selwood Place		
CITY/ST/ZIP/CO:	Springfield, VA 22152		

NAME:	Gerry Canfield	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6013 Sweet Oak Court		
CITY/ST/ZIP/CO:	Springfield, VA 22152		

NAME: Spas Goleminov TITLE: DIRECTOR ADDRESS: 6100 Hillside Road CITY/ST/ZIP/CO: Springfield, VA 22152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kathy Dedrick TITLE: DIRECTOR ADDRESS: 6030 Selwood Place CITY/ST/ZIP/CO: Springfield, VA 22152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rozlyn Newton TITLE: DIRECTOR ADDRESS: 6053 Selwood Place CITY/ST/ZIP/CO: Springfield, VA 22152	<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/ GEOFFREY W GRAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEOFFREY W GRAY, TREASURER PRINTED NAME AND CORPORATE TITLE	3/6/2014 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.		