

1.) CORPORATION NAME:

LAKWOOD HILLS NO. 1 COMMUNITY ASSOCIATION

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KENNETH E CHADWICK
CHADWICK WASHINGTON ET AL
3201 JERMANTOWN RD STE 600**

SCC ID NO: **01723600**

5.) STOCK INFORMATION

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

FAIRFAX, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O CARDINAL MGMT GROUP
4330 PRINCE WILLIAM PKWY #201

CITY/ST/ZIP: WOODBRIDGE, VA 22192

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 ROGERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9073 GILTINAN CT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		

NAME:	RYAN DUNCAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8900 GRANDSTAFF COURT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		

NAME:	KOBE OWENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6505 BYRON AVENUE		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22150		

NAME:	MICHAEL LAPLANTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9037 GILTINAN CT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		

NAME:	BRYAN BORLIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9035 GILTINAN COURT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		

NAME:	TRACY DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9003 GILTINAN COURT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		

NAME: JOHN MCANDREW TITLE: DIRECTOR ADDRESS: 9015 GILTINAN COURT CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: DAVID MEYER TITLE: DIRECTOR ADDRESS: 8904 GUTMAN COURT CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153	<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/ WILLIAM ROGERS	WILLIAM ROGERS, PRESIDENT	2/26/2014
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.