

1.) CORPORATION NAME: <b>WINDSOR OAKS HOME OWNERS ASSOCIATION, INC.</b>	DUE DATE: <b>8/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>L CLARK HAMILTON 502 MALCOLM PL ALEXANDRIA, VA</b>	SCC ID NO: <b>01780428</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 502 MALCOLM PL  
CITY/ST/ZIP: ALEXANDRIA, VA 22302

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: L CLARK HAMILTON TITLE: PRESIDENT ADDRESS: 502 MALCOLM PLACE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: WAYNE BRAEUER TITLE: SECRETARY ADDRESS: 501 MALCOLM PL CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES N HAUHART TITLE: TREASURER ADDRESS: 500 MALCOLM PL CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: NINA CARROLL TITLE: DIRECTOR ADDRESS: 504 RICHARDS LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<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/ JAMES N HAUHART	JAMES N HAUHART, TREASURER	6/18/2013
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.