

1.) CORPORATION NAME:

**ASPEN HILL ASSOCIATION, INC.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY BREEDEN  
PO BOX 688  
MINERAL, VA**

SCC ID NO: **01784776**

5.) STOCK INFORMATION

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

**LOUISA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ASPEN HILL ASSOCIATION  
P.O. BOX 688

CITY/ST/ZIP: MINERAL, VA 23117

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:	GARY BREEDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	267 HISTORIC LANE		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	SUSAN WOLLERSHEIM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	192 LAKEVIEW DRIVE		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	PATRICIA A ARNOLD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	72 LAKEVIEW DR		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	MICHAEL BRIDGES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	147 HISTORIC LN		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	RONNIE WEINTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	290 LAKEVIEW DR		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	Reginald Arnold	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	72 Lakeview Drive		
CITY/ST/ZIP/CO:	Mineral, VA 23117		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nathan Andy Cass DIRECTOR 861 Lakeview Drive Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gene Everhart DIRECTOR 45 Dabney Court Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Earl Chidester DIRECTOR 205 Ordinary Road Mineral, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Homer Weiss DIRECTOR 221 Aspen Hill Road Mineral, VA 23117	<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/ PATRICIA A ARNOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA A ARNOLD, S/T PRINTED NAME AND CORPORATE TITLE	8/12/2013 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.			