

1.) CORPORATION NAME:

**THUNDERBIRD FARMS PROPERTY OWNER'S
ASSOCIATION, INC.**

DUE DATE: **2/29/2012**

SCC ID NO: **01821479**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
SHARON G FISHER
1447 STONEY BOTTOM RD
PO BOX 562**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FRONT ROYAL, VA 22630

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WARREN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 562

CITY/ST/ZIP: FRONT ROYAL, VA 22630-

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: STUART HARDING
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 562
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER DIRECTOR

NAME: ERIC PETERSON
TITLE: SECRETARY
ADDRESS: PO BOX 562
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER DIRECTOR

NAME: DARLENE MINOR
TITLE: TREASURER
ADDRESS: PO BOX 562
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER DIRECTOR

NAME: TOM CRONIN
TITLE: DIRECTOR
ADDRESS: PO BOX 562
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER DIRECTOR

NAME: SHARON G FISHER
TITLE: DIRECTOR
ADDRESS: PO BOX 562
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER DIRECTOR

NAME: DAVE HARDY TITLE: DIRECTOR ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILLIP REXRODE TITLE: DIRECTOR ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD SACKETT TITLE: DIRECTOR ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JON SCHWATZ TITLE: DIRECTOR ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTINE WILSON TITLE: DIRECTOR ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-	<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/ SHARON G FISHER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON G FISHER, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE
1/19/2012 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.	