

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:

**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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ERIC PETERSON TITLE: SECRETARY ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DARLENE MINOR TITLE: TREASURER ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TOM CRONIN TITLE: DIRECTOR ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHARON G FISHER TITLE: PRESIDENT ADDRESS: PO BOX 562 CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Shawn Davis 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	
NAME: Elaine Glier 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, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/13/2012 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.		