

1.) CORPORATION NAME:

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

DUE DATE: **2/28/2014**

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**

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:	SHARON G FISHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 562		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	Susan Utley	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 562		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	DARLENE MINOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 562		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	ERIC PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 562		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	TOM CRONIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 562		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		
NAME:	SHAWN DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 562		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		

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
NAME: Flemming Heegaard 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: Trish 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, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/9/2014 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.		