

1.) CORPORATION NAME:

MOOR GREEN ESTATES HOMEOWNERS ASSOCIATION, INC.

DUE DATE: **4/30/2012**

SCC ID NO: **01839984**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JAMES L UZZLE
11301 ALESSI DR
MANASSAS, VA 20112-4438**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11301 ALESSI DRIVE

CITY/ST/ZIP: MANASSAS, VA 20112-

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:	WILLIAM GRIFFITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ROAD MAINTENCE		
ADDRESS:	9754 MOOR GREEN DR		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-		
NAME:	ROGER PEARCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9750 MOOR GREEN DR.		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-		
NAME:	JAMES UZZLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11301 ALESSI DRIVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-4438		
NAME:	KATHY HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9861 FLINT ROCK ROAD		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-		
NAME:	JEFFERY BAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Secretary/Treas		
ADDRESS:	9900 MOOR GREEN DRIVE		
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES E. PERRYMAN, JR. VICE PRESIDENT 9853 FLINT ROCK ROAD MANASSAS, VA 20112-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN D. PRECISE DIRECTOR 9756 MOOR GREEN DRIVE MANASSAS, VA 20112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANA MARTINS DIRECTOR 11499 HOWAR CT. MANASSAS, VA 20112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALLACE JOHNSON DIRECTOR 9789 FLINT ROCK ROAD MANASSAS, VA 20112-	<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 UZZLE	JAMES UZZLE, PRESIDENT	2/25/2012
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.