

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214509819		
1.) CORPORATION NAME: <b>CLIFTON RIDGE HOMEOWNERS ASSOCIATION</b>		DUE DATE: <b>4/30/2014</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOAN E BOWLES 7201 IVAKOTA RD CLIFTON, VA</b>		SCC ID NO: <b>01845098</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
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4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>				
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: PO BOX 214  CITY/ST/ZIP: CLIFTON, VA 20124-0214				
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: JEROME STACKS TITLE: PRESIDENT ADDRESS: 13000 CLIFTON CREEK DR CITY/ST/ZIP/CO: CLIFTON, VA 20124	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: PAUL BLANCHARD TITLE: VICE PRESIDENT ADDRESS: 7200 IVAKOTA RD CITY/ST/ZIP/CO: CLIFTON, VA 20124	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JOAN BOWLES TITLE: S/T ADDRESS: 7201 IVAKOTA RD CITY/ST/ZIP/CO: CLIFTON, VA 20124	<input checked="" 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/ JOAN BOWLES	JOAN BOWLES, S/T	2/24/2014		
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.				