

1.) CORPORATION NAME:

DUE DATE: **5/31/2011**

**MEADOW WOOD PROPERTY OWNERS ASSOCIATION, INC.**

SCC ID NO: **01847300**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**JOHN P GRIFFITH**

**226 OTTERVIEW ROAD**

**FOREST, VA 24551**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**BEDFORD CITY (FILED IN BEDFORD COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 226 OTTERVIEW ROAD

CITY/ST/ZIP: FOREST, VA 24551-

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:	JOHN P GRIFFITH	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	SECRETARY				
ADDRESS:	226 OTTERVIEW RD				
CITY/ST/ZIP/CO:	FOREST, VA 24551-				

NAME:	RICHARD J BEAUREGARD	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	218 OTTERVIEW RD				
CITY/ST/ZIP/CO:	FOREST, VA 24551-				

NAME:	JENNIFER CRIDER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	PRESIDENT				
ADDRESS:	203 BIG MAPLE DR				
CITY/ST/ZIP/CO:	FOREST, VA 24551-				

NAME:	JOHN P GRIFFITH	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	TREASURER				
ADDRESS:	226 OTTERVIEW ROAD				
CITY/ST/ZIP/CO:	FOREST, VA 24551-				

NAME:	JOHN MCKEOWN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	214 OTTERVIEW ROAD				
CITY/ST/ZIP/CO:	FOREST, VA 24551-				

NAME: LINDA MALLORY TITLE: DIRECTOR ADDRESS: 201 BIG MAPLE DRIVE CITY/ST/ZIP/CO: FOREST, VA 24551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES SHANER TITLE: DIRECTOR ADDRESS: 1015 OLD HICKORY LANE CITY/ST/ZIP/CO: FOREST, VA 24551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JUDY SMITH TITLE: DIRECTOR ADDRESS: 214 BIG MAPLE DRIVE CITY/ST/ZIP/CO: FOREST, VA 24551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: VIRGINIA BOHANKER TITLE: DIRECTOR ADDRESS: 207 BIG MAPLE DRIVE CITY/ST/ZIP/CO: FOREST, VA 24551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JOHN P GRIFFITH	JOHN P GRIFFITH, SECRETARY	5/17/2011
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.