

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212554520

1.) CORPORATION NAME:

TWIN LAKES OWNERS' ASSOCIATION

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BARBARA B CAPRON
THE BALANCING ACT
3661 STONY POINT RD**

SCC ID NO: **01890995**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA 22911

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 128

CITY/ST/ZIP: QUINQUE, VA 22965

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: JERRY B A YACUZZI
 TITLE: PRESIDENT
 ADDRESS: 102 ZINNIA ROAD
 CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22968

OFFICER

DIRECTOR

NAME: SUE LANCE
 TITLE: TREASURER
 ADDRESS: 736 GERANIUM ROAD
 CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22968

OFFICER

DIRECTOR

NAME: CARL SHIFFLETT
 TITLE: DIRECTOR
 ADDRESS: 52 MORNING GLORY ROAD
 CITY/ST/ZIP/CO: RUCKERSVILLE, VA 22968

OFFICER

DIRECTOR

NAME: William Maxton
 TITLE: VICE PRESIDENT
 ADDRESS: 80 Larkspur Road
 CITY/ST/ZIP/CO: Ruckersville, VA 22968

OFFICER

DIRECTOR

NAME: Anita Jwanouskos
 TITLE: SECRETARY
 ADDRESS: 122 Carnation Road
 CITY/ST/ZIP/CO: Ruckersville, VA 22968

OFFICER

DIRECTOR

NAME: Jean Weeks
 TITLE: DIRECTOR
 ADDRESS: 205 Woodbrook Drive
 CITY/ST/ZIP/CO: Charlottesville, VA 22901

OFFICER

DIRECTOR

NAME: Patrick Moctezuma TITLE: DIRECTOR ADDRESS: 155 E. Daffodil Road CITY/ST/ZIP/CO: Ruckersville, VA 22968	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jared Templeton TITLE: DIRECTOR ADDRESS: 260 Geranum Rd. CITY/ST/ZIP/CO: Ruckersville, VA 22968	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Hayslett TITLE: DIRECTOR ADDRESS: 621 Jonquil Road CITY/ST/ZIP/CO: Ruckersville, VA 22968	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Barbara Capron TITLE: DIRECTOR ADDRESS: 3661 Stony Point Road CITY/ST/ZIP/CO: Charlottesville, VA 22911	<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/ Barbara Capron	Barbara Capron, DIRECTOR	2/28/2013
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.		