

1.) CORPORATION NAME:

**ALANTON-BAYCLIFF RECREATION CENTER, INC.**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**STEVEN R ZAHN**

**953 COVEY STREET**

**VIRGINIA BEACH, VA 23454**

SCC ID NO: **01898527**

5.) STOCK INFORMATION

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

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1500 STEPHENS RD

CITY/ST/ZIP: VA BEACH, VA 23454-

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 WALLACE  
TITLE: TREASURER  
ADDRESS: 2012 WOOD HOLLOW COVE  
CITY/ST/ZIP/CO: VA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: STEVE ZAHN  
TITLE: SECRETARY  
ADDRESS: 953 COVEY ST  
CITY/ST/ZIP/CO: VA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: JOE RUDDY  
TITLE: PRESIDENT  
ADDRESS: 1402 SHOVELLER AVE  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: THERESA HOHMAN  
TITLE: VICE PRESIDENT  
ADDRESS: 1500 STEPHENS RD  
CITY/ST/ZIP/CO: VA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: ELLEN MEYERS  
TITLE: DIRECTOR  
ADDRESS: 1500 STEPHENS RD  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF BONDI DIRECTOR 1500 STEPHENS RD VIRGINIA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM FITZPATRICK DIRECTOR 1500 STEPHENS RD VIRGINIA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA MUGLER DIRECTOR 1500 STEPHENS RD VIRGINIA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILL LAYTON DIRECTOR 1500 STEPHENS RD VIRGINIA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICK SADOWSKI DIRECTOR 1500 STEPHENS RD VIRGINIA BEACH, VA 23454-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARRIE DUFFY DIRECTOR 1500 STEPHENS RD VIRGINIA BEACH, VA 23454-	<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/ STEVE ZAHN	STEVE ZAHN, SECRETARY	10/3/2011
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.