

1.) CORPORATION NAME:

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

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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:	JOE RUDDY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1402 SHOVELLER AVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	STEVE ZAHN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	953 COVEY ST		
CITY/ST/ZIP/CO:	VA BEACH, VA 23454		
NAME:	JOHN WALLACE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2012 WOOD HOLLOW COVE		
CITY/ST/ZIP/CO:	VA BEACH, VA 23454		
NAME:	CARRIE DUFFY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPHENS RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	WILL LAYTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPHENS RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	LISA MUGLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPHENS RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		

NAME:	NICK SADOWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPHENS RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	eric ziemer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 stephens rd		
CITY/ST/ZIP/CO:	va beach, VA 23454		
NAME:	GRIFFIN EVERHART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPEHNS		
CITY/ST/ZIP/CO:	VA BEACH, VA 23454		
NAME:	CHRIS INGRAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPHENS		
CITY/ST/ZIP/CO:	VA BEACH, VA 23454		
NAME:	DON NOPPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPHENS		
CITY/ST/ZIP/CO:	VA BEACH, VA 23454		
NAME:	KRISTIN LINEBERRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 STEPHENS		
CITY/ST/ZIP/CO:	VA BEACH, VA 23454		
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	11/29/2012	
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.			