

1.) CORPORATION NAME: <b>TUCKAHOE PARK HOMEOWNERS ASSOCIATION, INC.</b>	DUE DATE: <b>11/30/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JASON ANDERSON 2224 NORTH TUCKAHOE STREET ARLINGTON, VA</b>	SCC ID NO: <b>02117554</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ARLINGTON COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2224 N TUCKAHOE ST  
CITY/ST/ZIP: ARLINGTON, VA 22205

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: HERB GIOBBI TITLE: PRESIDENT ADDRESS: 6602 LEE HIGHWAY CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL PEARSON TITLE: VICE PRESIDENT ADDRESS: 2232 N TUCKAHOE ST CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JASON ANDERSON TITLE: TREASURER ADDRESS: 2224 N TUCKAHOE ST CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MARY VOGEL TITLE: SECRETARY ADDRESS: 2234 N TUCKAHOE ST CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<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/ JASON ANDERSON	JASON ANDERSON, TREASURER	2/12/2016
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.