

1.) CORPORATION NAME: <b>LEE CHAPEL WOODS HOMEOWNERS ASSOCIATION</b>	DUE DATE: <b>5/31/2016</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ELIZABETH CARROLL 9604 CHAPEL HILL DR BURKE, VA</b>	SCC ID NO: <b>02173656</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX 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: 9604 CHAPEL HILL DR.  
CITY/ST/ZIP: BURKE, VA 22015

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: ELIZABETH CARROLL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 9604 CHAPEL HILL DR.			
CITY/ST/ZIP/CO: BURKE, VA 22015			

NAME: SHARON REILLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: VICE PRESIDENT			
ADDRESS: 9613 CHAPEL HILL DR			
CITY/ST/ZIP/CO: BURKE, VA 22015			

NAME: HEATHER ROSENBERGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 9617 CHAPEL HILL DR			
CITY/ST/ZIP/CO: BURKE, VA 22015			

NAME: JULIE WEIDANZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: SECRETARY			
ADDRESS: 9601 CHAPEL HILL DR.			
CITY/ST/ZIP/CO: BURKE, VA 22015			

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/ ELIZABETH CARROLL	ELIZABETH CARROLL,	3/17/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.