

1.) CORPORATION NAME:

**LANDMARK MEWS COMMUNITY ASSOCIATION, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID GUTKOWSKI  
ODIN FELDMAN & PITTLEMAN PC  
1775 WIEHLE AVENUE STE 400**

SCC ID NO: **02230720**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RESTON, VA 20190**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 11153

CITY/ST/ZIP: ALEXANDRIA, VA 22312

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAN AMINOFF	
TITLE:	PRESIDENT	
ADDRESS:	6360 BRAMPTON COURT	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA CARTER	
TITLE:	DIRECTOR	
ADDRESS:	6304 CHAUCER VIEW CIR	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOEL KAPLAN	
TITLE:	DIRECTOR	
ADDRESS:	6309 CHAUCER VIEW CIR	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM GAFFNEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	6371 MANCHESTER WAY	
CITY/ST/ZIP/CO:	Alexandria, VA 22034	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTINE DALE	
TITLE:	TREASURER	
ADDRESS:	6270 MASEFIELD COURT	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARIA SANTOS	
TITLE:	DIRECTOR	
ADDRESS:	6279 CHAUCER VIEW CIRCLE	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY PUTMAN DIRECTOR 6271 MASEFIELD COURT ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES CURETON DIRECTOR 6303 CHAUCER VIEW CIRCLE ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HEATHER McGEE SECRETARY C/O LANDMARK MEWS COMMUNITY ASSOCIATION PO Box 11153 Alexandria, VA 22304	<input checked="" type="checkbox"/> OFFICER	<input 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/ DAN AMINOFF	DAN AMINOFF, PRESIDENT	10/31/2012	
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.			