

1.) CORPORATION NAME:

**BAILIWICK HOMEOWNERS ASSOCIATION, INC.**

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
GAIL WALDMAN  
8427 HOLLIS AVE  
VIENNA, VA 22182**

SCC ID NO: **02331213**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8427 HOLLIS LN

CITY/ST/ZIP: VIENNA, VA 22182-

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: MARK WALDMAN  
TITLE: PRESIDENT  
ADDRESS: 8427 HOLLIS LANE  
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER

DIRECTOR

NAME: GAIL WALDMAN  
TITLE: CO TREA  
ADDRESS: 8427 HOLLIS LN  
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER

DIRECTOR

NAME: PAT BRANIN  
TITLE: DIRECTOR  
ADDRESS: 8406 HOLLIS LANE  
CITY/ST/ZIP/CO: VIENNA, VA 22180-

OFFICER

DIRECTOR

NAME: KIRK ROBERTS  
TITLE: DIRECTOR  
ADDRESS: 8428 HOLLIS LANE  
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER

DIRECTOR

NAME: DIANE ROBERTS  
TITLE: DIRECTOR  
ADDRESS: 8428 HOLLIS LN  
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER

DIRECTOR

NAME: WILLIAM LOGGINS TITLE: SECRETARY ADDRESS: 8413 HOLLIS LANE CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: CHRISTINE FARQUHARSON TITLE: DIRECTOR ADDRESS: 8417 HOLLIS LANE CITY/ST/ZIP/CO: VIENNA, VA 22182-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: MARK ROGOFF TITLE: VICE PRESIDENT ADDRESS: 2251 TEEL DR CITY/ST/ZIP/CO: VIENNA, VA 22182-	<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/ GAIL WALDMAN	GAIL WALDMAN, CO TREA	7/22/2011
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.