

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214557571

1.) CORPORATION NAME:

SPRINGFIELD OAKS HOMEOWNERS ASSOCIATION, INC.

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DANIEL B STREICH
CHADWICK WASHINGTON ET AL
3201 JERMANTOWN RD STE 600**

SCC ID NO: **02458941**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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FAIRFAX, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: SEQUOIA MANAGEMENT CO.
13998 PARK EAST CIRCLE

CITY/ST/ZIP: CHANTILLY, VA 20151

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.

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|-----------------|-------------------------|---|--|
| NAME: | MEGAN FILA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 7610 SOUTHERN OAK DRIVE | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

| | | | |
|-----------------|--------------------------|---|--|
| NAME: | VIVIAN DRAKE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 8567 SPRINGFIELD OAKS DR | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | PENELOPE ZIEPOLT | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SEC/TREAS | | |
| ADDRESS: | 8631 PIN OAK DRIVE | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

| | | | |
|-----------------|-----------------------------|----------------------------------|--|
| NAME: | DAVID ADKINS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8510 SPRINGFIELD OAKS DRIVE | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

| | | | |
|-----------------|-----------------------------|----------------------------------|--|
| NAME: | ELIZABETH LARSEN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8424 SPRINGFIELD OAKS DRIVE | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

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.

| | | |
|---|----------------------------------|------------------|
| <u>/s/ MEGAN FILA</u> | <u>MEGAN FILA, PRESIDENT</u> | <u>3/20/2015</u> |
| 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.