

1.) CORPORATION NAME: WAVERLY WEST HOMEOWNERS ASSOCIATION	DUE DATE: 10/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: AMBER PETRIE 9142 SCHOOLCRAFT LANE BURKE, VA	SCC ID NO: 02473338
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 10411 CITY/ST/ZIP: BURKE, VA 22009-0411	
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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: AMBER PETRI TITLE: PRESIDENT ADDRESS: 9142 SCHOOLCRAFT LANE CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JACKIE THOMAS TITLE: VICE PRESIDENT ADDRESS: 9137 SILCHESTER COURT CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LISA WILLEY TITLE: TREASURER ADDRESS: 5808 SILCHESTER ST CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CARMAN CRUZ TITLE: SECRETARY ADDRESS: 5825 SILCHESTER STREET CITY/ST/ZIP/CO: BURKE, VA 22015	<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/ LISA WILLEY	LISA WILLEY, TREASURER	12/7/2015
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.