

1.) CORPORATION NAME:

OCCOQUAN FOREST OWNERS ASSOCIATION

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANIS MCCARROLL
10838 QUAIL CREEK LN
MANASSAS, VA**

SCC ID NO: **02477578**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6251 OCCOQUAN FOREST DRIVE

CITY/ST/ZIP: MANASSAS, VA 20112

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: ANN STAMPF TITLE: PRESIDENT ADDRESS: 10729 RIVER RUN DRIVE CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA MATTHEWS TITLE: SECRETARY ADDRESS: 6199 HOLLY BERRY COURT CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Janis McCarroll TITLE: TREASURER ADDRESS: 10838 Quail Creek Lane CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: David Wood TITLE: VICE PRESIDENT ADDRESS: 10847 Split Rail Drive CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Diana Lantz TITLE: DIRECTOR ADDRESS: 6061 Occoquan Forest Drive CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sharry Henk TITLE: DIRECTOR ADDRESS: 10847 Split Rail Drive CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Thomas Simonian TITLE: DIRECTOR ADDRESS: 10833 Quail Creek Lane CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter Martin TITLE: DIRECTOR ADDRESS: 10736 River Run Drive CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Steven Kattula TITLE: DIRECTOR ADDRESS: 6106 Eagles Nest Circle CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input 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/ ANN STAMPF	ANN STAMPF, PRESIDENT	10/10/2013
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.		