

1.) CORPORATION NAME:

AUGUSTA HOME BUILDERS ASSOCIATION, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAROL J CAPORELLI
1159 UNION CHURCH ROAD
CHURCHVILLE, VA**

SCC ID NO: **02479293**

5.) STOCK INFORMATION

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

AUGUSTA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 36

CITY/ST/ZIP: WAYNESBORO, VA 22980

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:	JOEL FRAZIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Associate VP		
ADDRESS:	P.O. BOX 40		
CITY/ST/ZIP/CO:	VERONA, VA 24482		
NAME:	MICHAEL MARRIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 2607		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		
NAME:	GREGORY ST.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Im. Past Pres		
ADDRESS:	100 SOUTH MASON STREET		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		
NAME:	CHRISTOPHER BREMENT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1835 ROSSER AVENUE STE 2		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22780		
NAME:	CAROL CAPORELLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC. OFFICER		
ADDRESS:	P.O. BOX 36		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		
NAME:	JOHNNIE BARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	260 EAKLE ROAD		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY BURKHOLDER DIRECTOR 1561 COMMERCE ROAD VERONA, VA 24482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM COLEMAN DIRECTOR P.O. BOX 1198 FISHERSVILLE, VA 22939	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT HUDSON DIRECTOR 43 LANGLEY DRIVE WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER JONES DIRECTOR 410 LEE JACKSON HIGHWAY STAUNTON, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS JORGENSEN DIRECTOR 600 LEE HIGHWAY VERONA, VA 24482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK KANE DIRECTOR 1738 JEFFERSON HIGHWAY FISHERSVILLE, VA 22939	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA KATZ DIRECTOR P.O. BOX 823 STUARTS DRAFT, VA 24477	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL KERBY DIRECTOR 102 PELHAM DRIVE WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB SEAMAN DIRECTOR 1254 ALMO CHAPEL ROAD SPOTTSWOOD, VA 24476	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS SHIELDS JR DIRECTOR 2014 GOOSE CREEK RD WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZACH STRAITS VICE PRESIDENT PO BOX 879 VERONA, VA 24482	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SHAWN SWEENEY TITLE: DIRECTOR ADDRESS: 413 NORTH COALTER ST CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: HOUSTON JACK TODD TITLE: DIRECTOR ADDRESS: PO BOX 2725 CITY/ST/ZIP/CO: STAUNTON, VA 24402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CAROL CAPORELLI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL CAPORELLI, EXEC. OFFICER PRINTED NAME AND CORPORATE TITLE	10/18/2013 DATE
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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.