

1.) CORPORATION NAME:

**LAUREL LAKES TOWNHOUSE ASSOCIATION, INC.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**COMMUNITY GROUP, INC.  
3901 WESTERRE PARKWAY STE 100  
HENRICO, VA**

SCC ID NO: **02564656**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O COMMUNITY GROUP, INC  
3901 WESTERRE PKWY SUITE 100

CITY/ST/ZIP: RICHMOND, VA 23233

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JESSICA SUDDUTH	
TITLE:	PRESIDENT	
ADDRESS:	9482 TRACEY LYNNE CIRCLE	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHARON CARTER-SIMS	
TITLE:	SECRETARY	
ADDRESS:	9743 CANDACE TERR	
CITY/ST/ZIP/CO:	GLEN ALEN, VA 23060	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VICKIE BOOKER	
TITLE:	DIRECTOR	
ADDRESS:	9760 CANDACE TERRACE	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THERESA DANDRIDGE	
TITLE:	DIRECTOR	
ADDRESS:	2904 MARY BETH LANE	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SOLOMON SIMS	
TITLE:	DIRECTOR	
ADDRESS:	9743 CANDACE TERRACE	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL SUDDUTH	
TITLE:	TREASURER	
ADDRESS:	9482 TRACEY LYNNE CIRCLE	
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060	

NAME: LORRAINE DUFF TITLE: DIRECTOR ADDRESS: 9514 SARA BETH CIRCLE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENDALL LEE TITLE: VICE PRESIDENT ADDRESS: 2917 MARY BETH LANE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE KINSELLA-GAVIN TITLE: DIRECTOR ADDRESS: 9491 TRACEY LYNNE CIRCLE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<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/ JESSICA SUDDUTH	JESSICA SUDDUTH, PRESIDENT	5/6/2014
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.