

1.) CORPORATION NAME:

LAUREL LAKES TOWNHOUSE ASSOCIATION, INC.

DUE DATE: **5/31/2015**

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
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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:	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:	PAUL SUDDUTH	
TITLE:	TREASURER	
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 ALLEN, 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	

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: 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
NAME: SOLOMON SIMS TITLE: DIRECTOR ADDRESS: 9743 CANDACE TERRACE 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	5/22/2015
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.		