

1.) CORPORATION NAME:

**GREAT EASTERN RESORT MANAGEMENT, INC.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLARK & BRADSHAW PC  
92 N LIBERTY ST  
HARRISONBURG, VA 22802**

SCC ID NO: **02633725**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	300,000
COMB	600,000

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1296 RESORT DR.

CITY/ST/ZIP: MCGAHEYSVILLE, VA 22840

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.

<p>NAME: C D HAMMER TITLE: PRESIDENT ADDRESS: 610 W. RIO ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARC J LANDAU TITLE: VICE PRESIDENT ADDRESS: 3015 N OCEAN BLVD CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33308</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BARNEY W BASHAM TITLE: VICE PRESIDENT ADDRESS: 1315 WENDOVER DRIVE WEST LEIGH CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MANFRED KOEBIG TITLE: PRESIDENT ADDRESS: 1296 RESORT DR CITY/ST/ZIP/CO: MCGAHEYSVILLE, VA 22840</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TOM WATERBURY TITLE: PRESIDENT ADDRESS: 610 W. RIO RD. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARRETT M. SMITH TITLE: ASST SECRETARY ADDRESS: 610 W. RIO RD. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN C. KROHN EXECUTIVE VP 610 WEST RIO RD. CHARLOTTESVILLE, VA 22901	<input checked="" 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/ GARRETT M. SMITH	GARRETT M. SMITH, ASST SECRETARY	1/21/2013
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.