

1.) CORPORATION NAME:

VAN DORN VILLAGE HOMEOWNERS ASSOCIATION, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT J. SEGAN
SUITE 270
7010 LITTLE RIVER TURNPIKE

ANNANDALE, VA 22003**

SCC ID NO: **02810794**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3949 PENDER DRIVE STE 205

CITY/ST/ZIP: FAIRFAX, VA 22030

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:	CARLA SZASZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6000 GOLDENROD COURT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	LAURA SWEARINGEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6040 BUTTERCUP CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	DAVID BURCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6022 BUTTERCUP COURT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	WILFREDO ACEVEDO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6100 HYACINTH DR		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	LUIS REINOSO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6016 GOLDENROD CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	MONA PHILLIPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6153 MORNING GLORY RD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME: MICHAEL FRANK TITLE: DIRECTOR ADDRESS: 6028 GOLDENROD CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KENNETH STUTZMAN JR TITLE: DIRECTOR ADDRESS: 6006 GOLDENROD CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<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/ LUIS REINOSO	LUIS REINOSO, VICE PRESIDENT	1/3/2013
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.