

1.) CORPORATION NAME:

**VAN DORN VILLAGE HOMEOWNERS ASSOCIATION, INC.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT J. SEGAN  
SUITE 270  
7010 LITTLE RIVER TURNPIKE  
  
ANNANDALE, VA**

SCC ID NO: **02810794**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: FirstService Residential  
11351 Random Hills Rd, Suite 500

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:	VICE PRESIDENT		
ADDRESS:	6000 GOLDENROD COURT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	WILFREDO ACEVEDO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6100 HYACINTH DR		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	LAURA SWEARINGEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6040 BUTTERCUP CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	MICHAEL FRANK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6028 GOLDENROD DR		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	ROBERTO SALAZAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6038 BUTTERCUP CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME:	GALE MALONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6011 CROCUS CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		

NAME: MARCEL TCHAOU TITLE: DIRECTOR ADDRESS: 6153 GARDENIA CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MONA PHILLIPS TITLE: DIRECTOR ADDRESS: 6153 MORNING GLORY RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KENNETH STUTZMAN JR TITLE: SECRETARY ADDRESS: 6006 GOLDENROD CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input checked="" 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/ LAURA SWEARINGEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAURA SWEARINGEN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/27/2013 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.				