

1.) CORPORATION NAME:

**FLDDBROOK HOMEOWNERS ASSOCIATION,  
INCORPORATED**

DUE DATE: **5/31/2012**

SCC ID NO: **02873719**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**IRENE M. HANCOCK  
1747 OLD BROOK ROAD  
CHARLOTTESVILLE, VA 22901**

5.) STOCK INFORMATION

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

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1747 OLD BROOK ROAD  
PO BOX 7891

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-7891

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:	ELIZABETH OLMSTED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1766 HEARTHGLOW LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	TAMMY HERTEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1734 HEARTHGLOW LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	IRENE M HANCOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1747 OLD BROOK RD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	STEVEN COLLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1821 HEARTHGLOW LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	SALLIE KATE PARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1739 OLD BROOK ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	DAISY ROJAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1735 HEARTHGLOW LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME: MARILYN RILEY TITLE: DIRECTOR ADDRESS: 1734 OLD BROOK ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<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/ IRENE M HANCOCK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	IRENE M HANCOCK, TREASURER PRINTED NAME AND CORPORATE TITLE	4/6/2012 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.		