

1.) CORPORATION NAME:

LANDSDOWNE COMMUNITY ASSOCIATION

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT J SEGAN
7010 LITTLE RIVER TPKE
SUITE 270**

SCC ID NO: **02910230**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ANNANDALE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: FirstService Residential DC Metro, LLC
3949 Pender Dr, Suite 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:	CINDI POTTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6538 OLD CARRIAGE DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME:	RONALD ASHBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8055 MORNING MEADOW CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME:	ELIZABETH KRAIGHMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7900 OLD MARSH LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME:	ROSS DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6540 OLD CARRIAGE DR		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME:	JOHN BYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBER AT LARGE		
ADDRESS:	7910 OLD MARSH LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME:	MARTIN HOROWITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBER AT LARGE		
ADDRESS:	8001 OLD PARSONAGE CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICTORIA LILICRAPP MEMBER AT LARGE 7921 MORNING RIDE CT ALEXANDRIA, VA 22315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MANUEL OVALLE MEMBER AT LARGE 6538 OLD CARRIAGE DR ALEXANDRIA, VA 22315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID WALLACE MEMBER AT LARGE 6764 MORNING RIDE CIR ALEXANDRIA, VA 22315	<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/ CINDI POTTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CINDI POTTER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/17/2013 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.			