

1.) CORPORATION NAME: RIVER'S END HOMEOWNERS' ASSOCIATION, INC.	DUE DATE: 11/30/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NICHOLAS LANG 329 CEDAR BLUFF RD CHARLOTTESVILLE, VA 22901	SCC ID NO: 02953818
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O NICHOLAS LANG
329 CEDAR BLUFF ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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: REBECCA A HAYDOCK	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 350 CEDAR BLUFF RD				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901				

NAME: JOHN A HAYDOCK	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 350 CEDAR BLUFF RD				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901				

NAME: NICHOLAS R LANG	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 329 CEDAR BLUFF RD				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901				

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/ NICHOLAS R LANG	NICHOLAS R LANG, TREASURER	9/28/2012
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.