

1.) CORPORATION NAME:

INNSBROOK OWNERS' ASSOCIATION, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT A COX JR
HIRSCHLER FLEISCHER A PROFESSIONAL CORP
2100 EAST CARY STREET**

SCC ID NO: **02959161**

5.) STOCK INFORMATION

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

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4501 HIGHWOODS PKWY SUITE 400
ATTN: BRIAN MENDITTO

CITY/ST/ZIP: GLEN ALLEN, VA 23060

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:	PAUL W KRECKMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4501 HIGHWOODS PKWY SUITE 400		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	PAUL HECKMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4401 DOMINION BLVD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	SEAN CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	MS 12077-0170 11000 CAPITAL ONE DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		

NAME:	C. BLAINE GARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5000 DOMINION BLVD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	SIDNEY J GUNST, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4036 D COX RD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME: Bruce A. Kay TITLE: PRESIDENT ADDRESS: 4521 Highwoods Parkway CITY/ST/ZIP/CO: Glen Allen, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J Ryan Lingerfelt TITLE: DIRECTOR ADDRESS: 4198 Cox Road Suite 201 CITY/ST/ZIP/CO: Glen Allen, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Blevins TITLE: DIRECTOR ADDRESS: 1021 E. Cary Street 8th flr CITY/ST/ZIP/CO: MAC R3529-083 Richmond, VA 23219	<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/ PAUL W KRECKMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL W KRECKMAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/4/2013 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.		