

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213549634

1.) CORPORATION NAME:

FOX CHASE HOMEOWNERS ASSOCIATION

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**H GLENN GOODPASTURE
1602 WILLIAM ST
FREDERICKSBURG, VA**

SCC ID NO: **03284577**

5.) STOCK INFORMATION

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

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 455

CITY/ST/ZIP: LOCUST GROVE, VA 22508

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARBARA SHEVCHUK	
TITLE:	PRESIDENT	
ADDRESS:	13508 BUGLENOTE WAY	
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER ESPENSHADE	
TITLE:	VICE PRESIDENT	
ADDRESS:	13510 BUGLENOTE WAY	
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVE FREY	
TITLE:	TREASURER	
ADDRESS:	13603 FOX CHASE LANE	
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARY BLACKMOOR	
TITLE:	SECRETARY	
ADDRESS:	13415 FOX CHASE LANE	
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JENNIFER STOCKKI	
TITLE:	DIRECTOR	
ADDRESS:	13401 FOX CHASE LANE	
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Lori Kelly	
TITLE:	DIRECTOR	
ADDRESS:	13601 Fox Chase Lane	
CITY/ST/ZIP/CO:	Spotsylvania, VA 22553	

NAME: Christy Maupin TITLE: DIRECTOR ADDRESS: 13600 Fox Chase Lane CITY/ST/ZIP/CO: Spotsylvania, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Cathy Manke TITLE: DIRECTOR ADDRESS: 10810 Heathermore Place CITY/ST/ZIP/CO: Spotsylvania, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dick Cook TITLE: DIRECTOR ADDRESS: 10744 Bridlerein Court CITY/ST/ZIP/CO: Spotsylvania, VA 22553	<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/ MARY BLACKMOOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY BLACKMOOR, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/24/2013 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.		