

1.) CORPORATION NAME:

KINGSWOOD HOMEOWNERS ASSOCIATION

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RESAGENT, INC.
3190 FAIRVIEW PARK DRIVE
SUITE 300**

SCC ID NO: **03423449**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FALLS CHURCH, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: FIRSTSERVICE RESIDENTIAL
11351 RANDOM HILLS ROAD, SUITE 500

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:	KIMBERLY HEDRICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11700 TALBOT CT		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME:	MOZETT PETWAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4926 QUEENSBURY CIR		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME:	BRENT AZZARELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11703 BROMPTON CT		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME:	GREGORY BOWLING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5015 QUEENSBURY CIR		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME:	PAUL DESILETS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11615 NEW BOND ST		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME:	JULIE ELTRINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5001 QUEENSBURY CIRCLE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANY LALIBERTE DIRECTOR 11706 WALSH CT FRDERICKSBURG, VA 22408	<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/ KIMBERLY HEDRICK	KIMBERLY HEDRICK, PRESIDENT	6/25/2015	
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.			