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| 1.) CORPORATION NAME: CONJURER'S NECK HOMEOWNERS' ASSOCIATION | DUE DATE: 9/30/2013 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: W E POORBAUGH 331 WATERFRONT DRIVE COLONIAL HEIGHTS, VA | SCC ID NO: 03473857 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: COLONIAL HEIGHTS CITY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 205 CITY/ST/ZIP: COLONIAL HEIGHTS, VA 23834 | |
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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.

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|--------------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: Larry E Davis | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 604 WATERFRONT DRIVE | | | | |
| CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834 | | | | |

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|--------------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: Mike Davis | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 118 WATERFRONT DRIVE | | | | |
| CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834 | | | | |

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|--------------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: SHELLEY BUCK | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER | | | | |
| ADDRESS: 107 INDIAN ROCK COURT | | | | |
| CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834 | | | | |

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|--------------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: PAULINE LOFTIS | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 102 LAKEWATER COURT | | | | |
| CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834 | | | | |

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|--------------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: Bobbie Fauber | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 106 Indian Rock Court | | | | |
| CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834 | | | | |

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.

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| /s/ Larry E Davis | Larry E Davis, PRESIDENT | 7/22/2013 |
| 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.