

1.) CORPORATION NAME: **BOSCOBEL COUNTRY ASSOCIATION, INC.** DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **WILLIAM H MORRIS
467 PINE TREE HOLLOW
MANAKIN SABOT, VA** SCC ID NO: **03519527**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 65
CITY/ST/ZIP: MANAKIN SABOT, VA 23103-0065

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: ED LANE		
TITLE: PRESIDENT		
ADDRESS: 509 BOSCOBEL FERRY RD		
CITY/ST/ZIP/CO: MANAKIN SABOT, VA 23103		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUG ZEIGLER		
TITLE: VICE PRESIDENT		
ADDRESS: 495 CALM CREEK RD.		
CITY/ST/ZIP/CO: MANAKIN SABOT, VA 23103		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AMY WEBER		
TITLE: TREASURER		
ADDRESS: 466 PINE TREE HOLLOW RD		
CITY/ST/ZIP/CO: MANAKIN SABOT, VA 23103		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM MORRIS		
TITLE: VICE PRESIDENT		
ADDRESS: 467 PINE TREE HOLLOW RD		
CITY/ST/ZIP/CO: MANAKIN SABOT, VA 23103		

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/ WILLIAM MORRIS	WILLIAM MORRIS, VICE PRESIDENT	2/12/2014
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.