

1.) CORPORATION NAME:

LAFAYETTE SHORES HOMEOWNERS ASSOCIATION

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NEAL C SCHULWOLF
870 N MILITARY HWY STE 300
PO BOX 12889**

SCC ID NO: **03578820**

5.) STOCK INFORMATION

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

NORFOLK, VA 23541-889

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3525 NORWAY PL

CITY/ST/ZIP: NORFOLK, VA 23509

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: BEN POPE TITLE: TREASURER ADDRESS: 3405 NORWAY PLACE CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN SCHIFFER TITLE: SECRETARY ADDRESS: 1441 S VEAUX LOOP CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK CAMPION TITLE: VICE PRESIDENT ADDRESS: 1536 BORDEAUX PLACE CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Raymond J Norton TITLE: PRESIDENT ADDRESS: 1513 Bordeaux Place CITY/ST/ZIP/CO: Norfolk, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dr. Raymond Tahhan TITLE: DIRECTOR ADDRESS: 1427 N Veaux Loop CITY/ST/ZIP/CO: Norfolk, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dr. Noelle Gabriel TITLE: DIRECTOR ADDRESS: 1607 Boyce Drive CITY/ST/ZIP/CO: Norfolk, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Trisha Coulson TITLE: DIRECTOR ADDRESS: 1511 Bordeaux Place CITY/ST/ZIP/CO: Norfolk, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Steve Morrison TITLE: DIRECTOR ADDRESS: 1548 Bordeaux Place CITY/ST/ZIP/CO: Norfolk, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brent Johnson TITLE: DIRECTOR ADDRESS: 1601 Boyce Drive CITY/ST/ZIP/CO: Norfolk, VA 23509	<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/ Raymond JNorton SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Raymond JNorton, PRINTED NAME AND CORPORATE TITLE	6/6/2012 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.		