

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
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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:	FRANK CAMPION	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1536 BORDEAUX PLACE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23509		

NAME:	BEN POPE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3405 NORWAY PLACE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23509		

NAME:	DR. NOELLE GABRIEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1607 BOYCE DRIVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23509		

NAME:	BRENT JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 BOYCE DRIVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23509		

NAME:	STEVE MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1548 BORDEAUX PLACE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23509		

NAME:	SCOTT REED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1532 Bordeaux Place		
CITY/ST/ZIP/CO:	Norfolk, VA 23509		

NAME: E. WILLIAM NEWLON TITLE: PRESIDENT ADDRESS: 1530 Bordeaux Place CITY/ST/ZIP/CO: Norfolk, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE KEESLING TITLE: DIRECTOR ADDRESS: 1531 Bordeaux Place CITY/ST/ZIP/CO: Norfolk, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN RHAMSTINE TITLE: DIRECTOR ADDRESS: 1444 S. VEAUX LOOP 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/ BEN POPE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BEN POPE, TREASURER PRINTED NAME AND CORPORATE TITLE	11/26/2012 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.		