

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214518736

1.) CORPORATION NAME:

LAFAYETTE SHORES HOMEOWNERS ASSOCIATION

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HARVEY JOEL WEINTRAUB
109 EAST MAIN STREET
SUITE 200**

SCC ID NO: **03578820**

5.) STOCK INFORMATION

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

NORFOLK, VA

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: E. WILLIAM NEWLON
 TITLE: PRESIDENT
 ADDRESS: 1530 BORDEAUX PLACE
 CITY/ST/ZIP/CO: NORFOLK, VA 23509

OFFICER

DIRECTOR

NAME: SCOTT REED
 TITLE: VICE PRESIDENT
 ADDRESS: 1532 BORDEAUX PLACE
 CITY/ST/ZIP/CO: NORFOLK, VA 23509

OFFICER

DIRECTOR

NAME: BEN POPE
 TITLE: TREASURER
 ADDRESS: 3405 NORWAY PLACE
 CITY/ST/ZIP/CO: NORFOLK, VA 23509

OFFICER

DIRECTOR

NAME: DR. NOELLE GABRIEL
 TITLE: DIRECTOR
 ADDRESS: 1607 BOYCE DRIVE
 CITY/ST/ZIP/CO: NORFOLK, VA 23509

OFFICER

DIRECTOR

NAME: STEVE MORRISON
 TITLE: DIRECTOR
 ADDRESS: 1548 BORDEAUX PLACE
 CITY/ST/ZIP/CO: NORFOLK, VA 23509

OFFICER

DIRECTOR

NAME: JOHN RHAMSTINE
 TITLE: DIRECTOR
 ADDRESS: 1444 S. VEAUX LOOP
 CITY/ST/ZIP/CO: NORFOLK, VA 23509

OFFICER

DIRECTOR

NAME: ELIZABETH KLOC TITLE: SECRETARY ADDRESS: 3521 COLMAR QUARTER CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dr. DAVID PROPERT TITLE: DIRECTOR ADDRESS: 3522 COLMAR QUARTER CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: H. JOEL WEINTRAUB TITLE: DIRECTOR ADDRESS: 3508 COLMAR QUARTER 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/ E. WILLIAM NEWLON	E. WILLIAM NEWLON, PRESIDENT	4/9/2014
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.		