

1.) CORPORATION NAME: SIQUAN SHORES ASSOCIATION, INC.	DUE DATE: 8/31/2012		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BILL PAXTON PO BOX 8 EBONY, VA 23845-8	SCC ID NO: 03632650		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BRUNSWICK COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 8

CITY/ST/ZIP: EBONY, VA 23845-0008

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: LARRY JENKINS TITLE: PRESIDENT ADDRESS: PO BOX 8 CITY/ST/ZIP/CO: EBONY, VA 23845-0008	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DRUE GILLIS TITLE: VICE PRESIDENT ADDRESS: PO BOX 8 CITY/ST/ZIP/CO: EBONY, VA 23845-0008	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PHILIP FISHER TITLE: SECRETARY ADDRESS: P O BOX 8 CITY/ST/ZIP/CO: EBONY, VA 23845-0008	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: BILL PAXTON TITLE: TREASURER ADDRESS: PO BOX 8 CITY/ST/ZIP/CO: EBONY, VA 23845-0008	<input checked="" 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/ LARRY JENKINS	LARRY JENKINS, PRESIDENT	6/25/2012
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.