

1.) CORPORATION NAME: <b>WALLACE FARMS HOMEOWNERS' ASSOCIATION, INC.</b>	DUE DATE: <b>6/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JIM VAN HUYCK 20 WALLACE FARMS LANE FREDERICKSBURG, VA</b>	SCC ID NO: <b>03942422</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>STAFFORD COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 20 WALLACE FARMS LANE  CITY/ST/ZIP: FREDERICKSBURG, VA 22406	
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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: CHEST MARTIN TITLE: PRESIDENT ADDRESS: 8 WALLACE FARMS LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: CHRIS CLIFFORD TITLE: VICE PRESIDENT ADDRESS: 11 WALLACE FARMS LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JIM VAN HUYCK TITLE: TREASURER ADDRESS: 20 WALLACE FARMS LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: SHAWN MARTIN TITLE: SECRETARY ADDRESS: 8 WALLACE FARMS LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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/ JIM VAN HUYCK	JIM VAN HUYCK, TREASURER	5/5/2014
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.