

1.) CORPORATION NAME:

LOCUST MEADOWS OWNERS ASSOCIATION

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RONALD D WILEY JR
911 LOCUST LANE
CHARLOTTESVILLE, VA 22901-4175**

SCC ID NO: **04097739**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 907 LOCUST LANE

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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:	KATHLEEN S KILDOO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	107 LOCUST LANE COURT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	BRIAN KEENA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	108 LOCUST LANE COURT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	LISA BREEDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	903 LOCUST LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	JENNIFER CROSBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	906 LOCUST LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	JOLI CARDENAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 LOCUST LANE COURT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	EMMA EDMUNDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	104 LOCUST LANE COURT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	MEGAN SACCO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 LOCUST LANE COURT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	AMABEL SHIH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	106 LOCUST LANE CT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

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.

<u>/s/ KATHLEEN S KILDOO</u>	<u>KATHLEEN S KILDOO,</u>	<u>5/11/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.