

1.) CORPORATION NAME: OAKRIDGE POINTE HOMEOWNERS ASSOCIATION, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JERRY L LEBLANC 435 OAKRIDGE DR STAFFORD, VA	DUE DATE: 7/31/2013 SCC ID NO: 04501250 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		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: STAFFORD COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 435 OAKRIDGE DR CITY/ST/ZIP: STAFFORD, VA 22556
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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: JERRY L LEBLANC TITLE: PRESIDENT ADDRESS: 435 OAKRIDGE DR CITY/ST/ZIP/CO: STAFFORD, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ASIA ALLEN TITLE: VICE PRESIDENT ADDRESS: 8 INMAN OVERLOOK CITY/ST/ZIP/CO: STAFFORD, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BARBARA L VAN SCHOOR TITLE: TREASURER ADDRESS: 429 OAKRIDGE DRIVE CITY/ST/ZIP/CO: STAFFORD, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Maureen Miller TITLE: SECRETARY ADDRESS: 10 Inman Overlook CITY/ST/ZIP/CO: Stafford, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input 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/ JERRY L LEBLANC	JERRY L LEBLANC, PRESIDENT	10/25/2013
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.