

1.) CORPORATION NAME:

**WILLOWMERE SUBDIVISION HOMEOWNERS  
ASSOCIATION, INC.**

DUE DATE: **9/30/2011**

SCC ID NO: **04527131**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
LAWRENCE M. TABER  
14 WILLOWMERE POND ROAD  
STAFFORD, VA 22556**

5.) STOCK INFORMATION

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

**STAFFORD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14 WILLOWMERE POND ROAD

CITY/ST/ZIP: STAFFORD, VA 22556-6256

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: THOMAS S MORRISON  
TITLE: VICE PRESIDENT  
ADDRESS: 116 WILLOWMERE POND RD  
CITY/ST/ZIP/CO: STAFFORD, VA 22556-

OFFICER

DIRECTOR

NAME: LAWRENCE M TABER  
TITLE: S/T  
ADDRESS: 14 WILLOWMERE POND ROAD  
CITY/ST/ZIP/CO: STAFFORD, VA 22556-6256

OFFICER

DIRECTOR

NAME: FRANK L POTE III  
TITLE: PRESIDENT  
ADDRESS: 31 WILLOWMERE CT  
CITY/ST/ZIP/CO: STAFFORD, VA 22556-

OFFICER

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/ LAWRENCE M TABER	LAWRENCE M TABER, S/T	8/14/2011
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.