

1.) CORPORATION NAME: WILLOWMERE SUBDIVISION HOMEOWNERS ASSOCIATION, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LAWRENCE M. TABER 14 WILLOWMERE POND ROAD STAFFORD, VA 22556 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: STAFFORD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 9/30/2012 SCC ID NO: 04527131 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		

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: FRANK L POTE III TITLE: PRESIDENT ADDRESS: 31 WILLOWMERE CT CITY/ST/ZIP/CO: STAFFORD, VA 22556	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LAWRENCE M TABER TITLE: S/T ADDRESS: 14 WILLOWMERE POND ROAD CITY/ST/ZIP/CO: STAFFORD, VA 22556-6256	<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/ LAWRENCE M TABER	LAWRENCE M TABER, S/T	9/2/2012
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.