

1.) CORPORATION NAME:

FOXCROFT OWNERS ASSOCIATION, INC.

DUE DATE: **11/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
PETER J CARAMANIS
524 ROLLING VALLEY CT
CHARLOTTESVILLE, VA 22902**

SCC ID NO: **04565115**

5.) STOCK INFORMATION

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

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 1196

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902-

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: PETER J CARAMANIS
TITLE: PRESIDENT
ADDRESS: 524 ROLLING VALLEY CT
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: CRAIG ROLLER
TITLE: VICE PRESIDENT
ADDRESS: 1222 FOXCHASE RIDGE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: ED KOONCE
TITLE: TREASURER
ADDRESS: 512 ROLLING VALLEY CT
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: LAUREL EBERL
TITLE: SECRETARY
ADDRESS: 1155 FOXCHASE RIDGE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: CHUCK MILLER
TITLE: DIRECTOR
ADDRESS: 1151 FOXCHASE RIDGE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: DAVID STRITE TITLE: DIRECTOR ADDRESS: 1165 FOXCHASE RIDGE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY HESLER TITLE: DIRECTOR ADDRESS: 115 RUNNING FOX LN CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMIE YOWELL TITLE: DIRECTOR ADDRESS: 303 LEAPING FOX LN CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GINA DONATO TITLE: DIRECTOR ADDRESS: 485 ROLLING VALLEY CT CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CYNTHIA CORBY TITLE: DIRECTOR ADDRESS: 1216 FOXCHASE RIDGE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" 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/ PETER J CARAMANIS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PETER J CARAMANIS, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
_____ DATE	
10/8/2010	
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.	