

1.) CORPORATION NAME:

FOXCROFT OWNERS ASSOCIATION, INC.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
PETER J CARAMANIS
SCOTT | KRONER, PLC
418 E. WATER ST.**

SCC ID NO: **04565115**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA 22902

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LAUREL EBERL			
TITLE:	SECRETARY			
ADDRESS:	1155 FOXCHASE RIDGE			
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ED KOONCE			
TITLE:	TREASURER			
ADDRESS:	512 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
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:	CHUCK MILLER			
TITLE:	DIRECTOR			
ADDRESS:	1151 FOXCHASE RIDGE			
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-			

NAME: DAVID STRITE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1165 FOXCHASE RIDGE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

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

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

NAME: JAMIE YOWELL OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 303 LEAPING FOX LN
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

NAME: JOHN MEANEY OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 223 FOX HORN LN
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

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 PETER J CARAMANIS, DIRECTOR 11/1/2011
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.