

1.) CORPORATION NAME:

FOXCROFT OWNERS ASSOCIATION, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **04565115**

5.) STOCK INFORMATION

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| 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.

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| NAME: | CRAIG ROLLER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1222 FOXCHASE RIDGE | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902 | | |
| NAME: | JAMIE YOWELL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 303 LEAPING FOX LN | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902 | | |
| NAME: | LAUREL EBERL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1155 FOXCHASE RIDGE | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902 | | |
| NAME: | ED KOONCE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 512 ROLLING VALLEY CT | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902 | | |
| NAME: | PETER J CARAMANIS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 524 ROLLING VALLEY CT | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902 | | |
| NAME: | CYNTHIA CORBY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1216 FOXCHASE RIDGE | | |
| CITY/ST/ZIP/CO: | CHARLOTTESVILLE, VA 22902 | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | GINA DONATO SECRETARY 485 ROLLING VALLEY CT CHARLOTTESVILLE, VA 22902 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN MEANEY DIRECTOR 223 FOX HORN LN CHARLOTTESVILLE, VA 22902 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CHUCK MILLER DIRECTOR 1151 FOXCHASE RIDGE CHARLOTTESVILLE, VA 22902 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID STRITE DIRECTOR 1165 FOXCHASE RIDGE CHARLOTTESVILLE, VA 22902 | <input 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.

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| /s/ PETER J CARAMANIS | PETER J CARAMANIS, DIRECTOR | 11/27/2012 |
| 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.