

1.) CORPORATION NAME:

FOXCROFT OWNERS ASSOCIATION, INC.

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER J CARAMANIS
ROYER, CARAMANIS & MCDONOUGH, PLC
200-C GARRETT ST.**

SCC ID NO: **04565115**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA

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.

NAME:	JAMIE YOWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	303 LEAPING FOX LN		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	DAVID STRITE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1165 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:	KEVIN GRUNDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1181 FOXCHASE RIDGE		
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		

NAME: LAUREL EBERL TITLE: DIRECTOR ADDRESS: 1155 FOXCHASE RIDGE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN MEANEY TITLE: DIRECTOR ADDRESS: 223 FOX HORN LN CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHUCK MILLER TITLE: DIRECTOR ADDRESS: 1151 FOXCHASE RIDGE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CRAIG ROLLER TITLE: DIRECTOR ADDRESS: 1222 FOXCHASE RIDGE CITY/ST/ZIP/CO: 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.

/s/ PETER J CARAMANIS	PETER J CARAMANIS, DIRECTOR	11/30/2015
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.