

1.) CORPORATION NAME:

**WINTERGREEN PROPERTY OWNERS VOLUNTEER
RESCUESQUAD, INC.**

DUE DATE: **2/28/2011**

SCC ID NO: **04609467**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
CURTIS N. SHEETS
88 WINTERGREEN DRIVE
WINTERGREEN, VA 22967**

5.) STOCK INFORMATION

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

NELSON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 711

CITY/ST/ZIP: NELLYSFORD, VA 22958-0711

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:	JUDY MEINCKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	65 POND HOLLOW LN		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958-		
NAME:	STEPHEN D SIRAGUSA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	947 BLACK WALNUT DR		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958-		
NAME:	JOHN HARRINGTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	568 HUNTERS POINT		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958-		
NAME:	WALT NICHOLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 277		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958-		
NAME:	RICHARD RICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	604 CRAWFORDS CLIMB		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA MISKER DIRECTOR P.O. BOX 872 NELLYSFORD, VA 22958-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON TURNBULL DIRECTOR 625 BLACK WALNUT DRIVE NELLYSFORD, VA 22958-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS HASSON TREASURER 65 SCARLET TANAGER NELLYSFORD, VA 22958-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURTIS SHEETS C.O.O. 166 RIVER VIEW DRIVE VERONA, VA 24482-	<input checked="" type="checkbox"/> OFFICER	<input 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/ CURTIS SHEETS	CURTIS SHEETS, C.O.O.	2/18/2011
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.