

1.) CORPORATION NAME:

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

DUE DATE: **2/28/2013**

SCC ID NO: **04609467**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

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| 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.

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|-----------------|----------------------|---|--|
| NAME: | STEPHEN SIRAGUSA | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 947 Black Walnut Dr | | |
| CITY/ST/ZIP/CO: | NELLYSFORD, VA 22958 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | SKIP RICE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 604 CRAWFORDS CLIMB | | |
| CITY/ST/ZIP/CO: | NELLYSFORD, VA 22958 | | |

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|-----------------|----------------------|---|--|
| NAME: | WATT NICHOLS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | PO BOX 277 | | |
| CITY/ST/ZIP/CO: | NELLYSFORD, VA 22958 | | |

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|-----------------|----------------------|---|--|
| NAME: | HOUSTON SORENSON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 523 CRAWFORDS CLIMB | | |
| CITY/ST/ZIP/CO: | NELLYSFORD, VA 22958 | | |

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|-----------------|----------------------|---|-----------------------------------|
| NAME: | CURTIS SHEETS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | C.O.O. | | |
| ADDRESS: | 166 RIVER VIEW DRIVE | | |
| CITY/ST/ZIP/CO: | VERONA, VA 24482 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | SAM ALEXANDER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 505 SAWMILL CREEK DR | | |
| CITY/ST/ZIP/CO: | NELLYSFORD, VA 22958 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | MARTHA MISKER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P.O. BOX 872 | | |
| CITY/ST/ZIP/CO: | NELLYSFORD, VA 22958 | | |

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/ STEPHEN SIRAGUSA | STEPHEN SIRAGUSA, PRESIDENT | 11/7/2013 |
| 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.