

1.) CORPORATION NAME:

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

DUE DATE: **2/28/2015**

SCC ID NO: **04609467**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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

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

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		

NAME:	CURTIS MCIVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	RR 1 BOX 664		
CITY/ST/ZIP/CO:	ROSELAND, VA 22967		

NAME:	MIKE RIDDLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	C.O.O.		
ADDRESS:	158 RIVER VIEW DR		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958		

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: ROSS HASSON TITLE: DIRECTOR ADDRESS: 65 SCARLET Tanager CITY/ST/ZIP/CO: NELLYSFORD, VA 22958	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY HERRING TITLE: DIRECTOR ADDRESS: PO BOX 453 CITY/ST/ZIP/CO: NELLYSFORD, VA 22958	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAGE KAMPMEIER TITLE: DIRECTOR ADDRESS: 50 HEARTHSTONE LANE CITY/ST/ZIP/CO: NELLYSFORD, VA 22958	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ HOUSTON SORENSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOUSTON SORENSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/8/2015 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.		