

1.) CORPORATION NAME: <b>HERITAGE COVE OWNERS' ASSOCIATION, INC.</b>	DUE DATE: <b>11/30/2012</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DOUGLAS FURST 21 DRYDEN DR. POQUOSON, VA 23662</b>	SCC ID NO: <b>04742490</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>POQUOSON CITY (FILED IN YORK COUNTY)</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21 DRYDEN DR.  
CITY/ST/ZIP: POQUOSON, VA 23662

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: VINCE PASCUAL TITLE: PRESIDENT ADDRESS: 23 EMMAUS ROAD CITY/ST/ZIP/CO: POQUOSON, VA 23662	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MANI BOOPATHY TITLE: VICE PRESIDENT ADDRESS: 7 DRYDEN DR. CITY/ST/ZIP/CO: POQUOSON, VA 23662	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DOUGLAS FURST TITLE: TREASURER ADDRESS: 21 DRYDEN DR. CITY/ST/ZIP/CO: POQUOSON, VA 23662	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: BETTY DEAN TITLE: SECRETARY ADDRESS: 6 RIGGINS COURT CITY/ST/ZIP/CO: POQUOSON, VA 23662	<input checked="" 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/ VINCE PASCUAL	VINCE PASCUAL, PRESIDENT	11/30/2012
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.