

1.) CORPORATION NAME: <b>GREAT FALLS WOODS HOMEOWNERS ASSOCIATION, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REES BROOME PC          1900 GALLOWES RD STE 700          TYSONS CORNER, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>9/30/2015</b> SCC ID NO: <b>05082508</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: C/O STEPHENS & COMPANY P.O. BOX 1179  CITY/ST/ZIP: LEESBURG, VA 20177	
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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: DAVID POPE TITLE: PRESIDENT ADDRESS: P.O. BOX 1179 CITY/ST/ZIP/CO: LEESBURG, VA 20177	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: HARRY LALOR TITLE: SECRETARY ADDRESS: P.O. BOX 1179 CITY/ST/ZIP/CO: LEESBURG, VA 20177	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: WALTER KIM TITLE: DIRECTOR ADDRESS: PO BOX 1179 CITY/ST/ZIP/CO: LEESBURG, VA 20177	<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/ DAVID POPE	DAVID POPE, PRESIDENT	9/30/2015
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.