

1.) CORPORATION NAME:

FAIR LAKES CROSSING COMMUNITY ASSOCIATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
LORINDA TEIEDDIN
4668 KEARNS CT
CENTREVILLE, VA 20120**

DUE DATE: **7/31/2011**

SCC ID NO: **05239611**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: POB 230623

CITY/ST/ZIP: CENTREVILLE, VA 20120-

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: MING SU
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 230623
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER DIRECTOR

NAME: CRISTAL LY
TITLE: SECRETARY
ADDRESS: PO BOX 230623
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER DIRECTOR

NAME: BOOTA VIRDI
TITLE: TREASURER
ADDRESS: PO BOX 230623
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER DIRECTOR

NAME: TAREQ TAKIEDDIN
TITLE: DIRECTOR
ADDRESS: PO BOX 230623
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER DIRECTOR

NAME: RAY TAKIEDDIN
TITLE: PRESIDENT
ADDRESS: PO BOX 230623
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER 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.

| | | |
|---|----------------------------------|------------------|
| <u>/s/ BOOTA VIRDI</u> | <u>BOOTA VIRDI, TREASURER</u> | <u>1/13/2012</u> |
| 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.