

1.) CORPORATION NAME:

Shenandoah Resort Community Association, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **05259783**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 SHENANDOAH CROSSING DRIVE

CITY/ST/ZIP: GORDONSVILLE, VA 22942

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLIE COBB	
TITLE:	PRESIDENT	
ADDRESS:	4960 CONFERENCE WAY NORTH SUITE 100	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33431	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARTIN LORD	
TITLE:	SECRETARY	
ADDRESS:	2724 HOCKORY STREET	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LUDWIG APEL	
TITLE:	DIRECTOR	
ADDRESS:	4960 CONFERENCE WAY NORTH SUITE 100	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33431	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VERNON BAKER	
TITLE:	DIRECTOR	
ADDRESS:	1220 WOODSTOCK ROAD	
CITY/ST/ZIP/CO:	KING GEORGE, VA 22485	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DIANE GENCARELLI	
TITLE:	DIRECTOR	
ADDRESS:	4960 CONFERENCE WAY NORTH SUITE 100	
CITY/ST/ZIP/CO:	BOCA RATON, FL 33431	

NAME: ANDREA TAUS-NITA TITLE: DIRECTOR ADDRESS: 4960 CONFERENCE WAY N STE 100 CITY/ST/ZIP/CO: BOCA RATON, FL 33431	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BEVERLY MCCAY TITLE: DIRECTOR ADDRESS: 329 PINEHURST CITY/ST/ZIP/CO: GORDONSVILLE, VA 22942	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MIKE THOMPSON TITLE: DIRECTOR ADDRESS: 1944 SHENANDOAH CROSSING DRIVE CITY/ST/ZIP/CO: GORDONSVILLE, VA 22942	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BOBBY THOMPSON TITLE: DIRECTOR ADDRESS: 1944 SHENANDOAH CROSSING DRIVE CITY/ST/ZIP/CO: GORDONSVILLE, VA 22942	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TONYA WARDAK TITLE: DIRECTOR ADDRESS: 8917 WOODGROVE RIDGE COURT CITY/ST/ZIP/CO: BOYNTON BEACH, FL 33437	<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/ CHARLIE COBB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLIE COBB, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/6/2013 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.		