

1.) CORPORATION NAME:

Hampton Oaks Swim Team, Inc.

DUE DATE: **5/31/2012**

SCC ID NO: **05407465**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MELISSA HUGHES**

**80 NORTHAMPTON BLVD
C/O HAMPTON OAKS MANAGEMENT OFFICE**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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STAFFORD, VA 22554

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 NORTHAMPTON BLVD

CITY/ST/ZIP: STAFFORD, VA 22554-

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 checked="" type="checkbox"/> DIRECTOR
NAME:	DARRIN L WHALEY	
TITLE:	TREASURER	
ADDRESS:	80 NORTHAMPTON BLVD C/O HAMPTON OAKS HOMEOWNERS ASSOCIATION MGMT.	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554-7666	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHELE ALLEN	
TITLE:	RSL Represent.	
ADDRESS:	80 NORTHAMPTON BLVD C/O HAMPTON OAKS HOMEOWNERS ASSOCIATION MGMT.	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MELISSA HUGHES	
TITLE:	PRESIDENT	
ADDRESS:	80 NORTHAMPTON BLVD C/O HAMPTON OAKS HOMEOWNERS ASSOCIATION MGMT.	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KATARINA WHELAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	80 NORTHAMPTON BLVD C/O HAMPTON OAKS HOMEOWNERS ASSOCIATION MGMT.	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554-	

NAME: KRISTYN HOY TITLE: SECRETARY ADDRESS: 80 NORTHAMPTON BLVD C/O HAMPTON OAKS HOMEOWNERS ASSOCIATION MGMT. CITY/ST/ZIP/CO: STAFFORD, VA 22554-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: NICOLE WILCOX TITLE: Sponsorship Rep ADDRESS: 80 NORTHAMPTON BLVD C/O HAMPTON OAKS HOMEOWNERS ASSOCIATION MGMT. CITY/ST/ZIP/CO: STAFFORD, VA 22554-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KIM LEAKE TITLE: Equipment Mgr ADDRESS: 80 NORTHAMPTON BLVD C/O HAMPTON OAKS HOMEOWNERS ASSOCIATION MGMT. CITY/ST/ZIP/CO: STAFFORD, VA 22554-	<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.

<u>/s/ DARRIN L WHALEY</u>	<u>DARRIN L WHALEY, TREASURER</u>	<u>3/16/2012</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.