

1.) CORPORATION NAME:

**Friendship Association of Residents, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEORGE I VOGEL II  
204 MCCLANAHAN ST SW  
ROANOKE, VA**

SCC ID NO: **05483755**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 460 BLUEBELL LANE  
APT 207

CITY/ST/ZIP: ROANOKE, VA 24012

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:	NORMAN HARSH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	320 HERSHBERGER RD #C-502 ROANOKE, VA 24012		
CITY/ST/ZIP/CO:			
NAME:	JAMES MOORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	460 BLUEBELL LANE #204 ROANOKE, VA 24012		
CITY/ST/ZIP/CO:			
NAME:	KAREN VIETMEIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	460 BLUEBELL LANE APT 207 ROANOKE, VA 24012		
CITY/ST/ZIP/CO:			
NAME:	PAIGE WHEELER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CORRES. SEC.		
ADDRESS:	440 BLUE BELL LANE #303 ROANOKE, VA 24012		
CITY/ST/ZIP/CO:			
NAME:	CARLEEN ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	107 SPRINGBEAUTY ST APT 101 ROANOKE, VA 24012		
CITY/ST/ZIP/CO:			
NAME:	VIRGINIA MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	107 SPRINGBEAUTY APT 314 ROANOKE, VA 24012		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAM MANESS REC. SECRETARY 320 HERSHBERGER RD APT C202 ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON CAPPS DIRECTOR 420 BLUEBELL LANE APT 103 ROANOKE, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN CRITZER DIRECTOR 401 FRIENDS WAY APT 202 ROANOKE, VA 24012	<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/ KAREN VIETMEIER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN VIETMEIER, TREASURER PRINTED NAME AND CORPORATE TITLE	7/20/2013 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.			