

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213539078

1.) CORPORATION NAME:

Friendship Association of Residents, Inc.

DUE DATE: **10/31/2013**

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NORMAN HARSH	
TITLE:	PRESIDENT	
ADDRESS:	320 HERSHBERGER RD #C-502 ROANOKE, VA 24012	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES MOORE	
TITLE:	VICE PRESIDENT	
ADDRESS:	460 BLUEBELL LANE #204 ROANOKE, VA 24012	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAIGE WHEELER	
TITLE:	CORRES. SEC.	
ADDRESS:	440 BLUE BELL LANE #303 ROANOKE, VA 24012	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KAREN VIETMEIER	
TITLE:	TREASURER	
ADDRESS:	460 BLUEBELL LANE APT 207 ROANOKE, VA 24012	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAM MANESS	
TITLE:	REC. SECRETARY	
ADDRESS:	320 HERSHBERGER RD APT C202 ROANOKE, VA 24012	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHARON CAPPS	
TITLE:	DIRECTOR	
ADDRESS:	420 BLUEBELL LANE APT 103 ROANOKE, VA 24012	
CITY/ST/ZIP/CO:		

NAME: JOAN CRITZER TITLE: DIRECTOR ADDRESS: 401 FRIENDS WAY APT 202 CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CARLEEN ELLIS TITLE: DIRECTOR ADDRESS: 107 SPRINGBEAUTY ST APT 101 CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIRGINIA MORRISON TITLE: DIRECTOR ADDRESS: 107 SPRINGBEAUTY APT 314 CITY/ST/ZIP/CO: 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	8/21/2013 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.		