

1.) CORPORATION NAME: VICTORY MEADOWS HOMEOWNERS ASSOCIATION, INC.	DUE DATE: 3/31/2014		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT J LOWE JR 106 SETH LANE YORKTOWN, VA	SCC ID NO: 05562558		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: YORK COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 100 CODY PLACE CITY/ST/ZIP: YORKTOWN, VA 23693	
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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: JAMIE WILLIAMS TITLE: PRESIDENT ADDRESS: 100 CODY PLACE CITY/ST/ZIP/CO: YORKTOWN, VA 23693	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JUAN FONSECA TITLE: VICE PRESIDENT ADDRESS: 101 KATALINA WAY CITY/ST/ZIP/CO: YORKTOWN, VA 23693	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MICHELLE CHALLIS TITLE: TREASURER ADDRESS: 100 MINDY LANE CITY/ST/ZIP/CO: YORKTOWN, VA 23693	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: DIANN GIBSON TITLE: SECRETARY ADDRESS: 100 KATALINA WAY CITY/ST/ZIP/CO: YORKTOWN, VA 23693	<input checked="" type="checkbox"/> OFFICER	<input 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/ JAMIE WILLIAMS	JAMIE WILLIAMS, PRESIDENT	6/11/2014
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.