

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214532361

1.) CORPORATION NAME:

Legacy Woods Homeowners' Association, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LUCIA ANNA TRIGIANI
MERCERTRIGIANI LLP
112 S ALFRED ST**

SCC ID NO: **05788542**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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ALEXANDRIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O SELECT COMMUNITY SERVICES
PO BOX 221350

CITY/ST/ZIP: CHANTILLY, VA 20153

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.

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|-----------------|--------------------------|---|--|
| NAME: | PAT SLATER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 6506 HOLLY RIDGE | | |
| CITY/ST/ZIP/CO: | FREDERICKSBURG, VA 22407 | | |

| | | | |
|-----------------|--------------------------|---|--|
| NAME: | BOB MERCURIO | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 6604 RIVER BIRCH CT | | |
| CITY/ST/ZIP/CO: | FREDERICKSBURG, VA 22407 | | |

| | | | |
|-----------------|--------------------------|---|--|
| NAME: | BETSY WELCH | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 6602 RIVER BIRCH COURT | | |
| CITY/ST/ZIP/CO: | FREDERICKSBURG, VA 22407 | | |

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|-----------------|--------------------------|---|--|
| NAME: | Calvin Bowling | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 6607 Twin Cedars Court | | |
| CITY/ST/ZIP/CO: | Fredericksburg, VA 22407 | | |

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|-----------------|--------------------------|---|--|
| NAME: | Benjamin Rhines | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11911 Legacy Wood Drive | | |
| CITY/ST/ZIP/CO: | Fredericksburg, VA 22407 | | |

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/ PAT SLATER | PAT SLATER, PRESIDENT | 6/23/2014 |
| 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.