

1.) CORPORATION NAME: Waterford View Community Association, Inc.	DUE DATE: 10/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: APRIL PROVIDAKES 13203 APRIL CIR LOVETTSVILLE, VA	SCC ID NO: 05848684
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. Box 433

CITY/ST/ZIP: LOVETTSVILLE, VA 20180

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: ROBERT BRUTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: OFFICER			
ADDRESS: 12869 APRIL CIRCLE			
CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180			

NAME: WALTER BOYD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 13186 MILLTOWN ROAD			
CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180			

NAME: LAURA REDMON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: SECRETARY			
ADDRESS: 13046 APRIL CIRCLE			
CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180			

NAME: Jennifer Price	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 13154 April Circle			
CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180			

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/ LAURA REDMON	LAURA REDMON, SECRETARY	10/15/2013
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.