

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215514425
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1.) CORPORATION NAME: <b>Hillcrest Divide Subdivision Homeowners Association, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LOCKIE BLEVINS PO BOX 984 RURAL RETREAT, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>WYTHE COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>5/31/2015</b> SCC ID NO: <b>05959440</b> 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> <tr> <td>COMA</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMA	100
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: P O BOX 984  CITY/ST/ZIP: RURAL RETREAT, VA 24368
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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: LOCKIE D BLEVINS TITLE: PRESIDENT ADDRESS: P O BOX 984 CITY/ST/ZIP/CO: RURAL RETREAT, VA 24368	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY STOOTS TITLE: VICE PRESIDENT ADDRESS: 100 INDIAN CIRCLE CITY/ST/ZIP/CO: RURAL RETREAT, VA 24368	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAWN LOWE TITLE: SECRETARY ADDRESS: 159 INDIAN CIRCLE CITY/ST/ZIP/CO: RURAL RETREAT, VA 24368	<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/ LOCKIE D BLEVINS	LOCKIE D BLEVINS, PRESIDENT	4/17/2015
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.