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|---|---|
| 1.) CORPORATION NAME:<br><b>Spring Creek Community Association, Inc.</b>  | DUE DATE: <b>6/30/2016</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>GARRETT M SMITH<br/>610 W RIO RD<br/>CHARLOTTESVILLE, VA</b> | SCC ID NO: <b>06192702</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>ALBEMARLE COUNTY</b>  | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |   |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O COMMUNITY GROUP INC  
1413 SACHEM PLACE, SUITE 2

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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: C D HAMMER                          | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT                          |                                     |         |                                     |          |
| ADDRESS: 610 W RIO ROAD                   |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 |                                     |         |                                     |          |

|  |                                     |         |                                     |          |
|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: TREVOR C. D. HAMMER                  | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT                      |                                     |         |                                     |          |
| ADDRESS: 109 CLUBHOUSE WAY                 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: ZIONS CROSSROADS, VA 22942 |                                     |         |                                     |          |

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: JOANN P HAMMER                      | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT                     |                                     |         |                                     |          |
| ADDRESS: 610 W RIO RD                     |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 |                                     |         |                                     |          |

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: TONNA B BUONO                       | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: TREASURER                          |                                     |         |                                     |          |
| ADDRESS: 610 W RIO ROAD                   |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 |                                     |         |                                     |          |

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: GARRETT M SMITH                     | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY                          |                                     |         |                                     |          |
| ADDRESS: 610 W RIO ROAD                   |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 |                                     |         |                                     |          |

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/ GARRETT M SMITH                                 | GARRETT M SMITH, SECRETARY       | 4/5/2016 |
| 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.