

1.) CORPORATION NAME: DARBYBROOK HOMEOWNERS ASSOCIATION	DUE DATE: 12/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: E SCOTT SMALLEY 16 N CHURCH ST BERRYVILLE, VA	SCC ID NO: 06276042
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CLARKE 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 2580

CITY/ST/ZIP: WINCHESTER, VA 22604

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN SCHOONOVER		
TITLE: PRESIDENT		
ADDRESS: 433 PAGE STREET		
CITY/ST/ZIP/CO: BERRYVILLE, VA 22611		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETE GALE		
TITLE: VICE PRESIDENT		
ADDRESS: 516 PAGE STREET		
CITY/ST/ZIP/CO: BERRYVILLE, VA 22611		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA LE DUIGOU		
TITLE: TREASURER		
ADDRESS: 424 BLOSSOM DRIVE		
CITY/ST/ZIP/CO: BERRYVILLE, VA 22611		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: IRA HUTCHISON		
TITLE: SECRETARY		
ADDRESS: 420 BLOSSOM DRIVE		
CITY/ST/ZIP/CO: BERRYVILLE, VA 22611		

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/ SUSAN SCHOONOVER	SUSAN SCHOONOVER, PRESIDENT	1/30/2014
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.