

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	
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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: 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	<input checked="" type="checkbox"/>	OFFICER	<input checked="" 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/		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.