

1.) CORPORATION NAME: <b>Cramers Ridge Homeowners Association</b>	DUE DATE: <b>3/31/2015</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KENNETH E CHADWICK          CHADWICK WASHINGTON ET AL          3201 JERMANTOWN RD STE 600          FAIRFAX, VA</b>	SCC ID NO: <b>06345516</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O SELECT COMMUNITY SERVICES  
PO BOX 221350

CITY/ST/ZIP: CHANTILLY, VA 20151

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: KATHY LECOUNTE TITLE: PRESIDENT ADDRESS: 18959 ROSINGS WAY CITY/ST/ZIP/CO: TRIANGLE, VA 22172	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KENNETH R TAYLOR TITLE: TREASURER ADDRESS: 18845 PIER TRAIL DRIVE CITY/ST/ZIP/CO: TRIANGLE, VA 22172	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ADRIAN MORRIS TITLE: DIRECTOR ADDRESS: 3313 LADY CATHERINE CIRCLE CITY/ST/ZIP/CO: TRIANGLE, VA 22172	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ KATHY LECOUNTE	KATHY LECOUNTE, PRESIDENT	4/3/2015
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.