

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

Grovemont Homeowners Association

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06425417**

**SUSAN M PESNER
7926 JONES BRANCH DR STE 930
MCLEAN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 19

CITY/ST/ZIP: GREAT FALLS, VA 22066-0025

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:	THOMAS C ROBINSON	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 19	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TOM ROBINSON	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 19	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RUTHIE ROBINSON	
TITLE:	TREASURER	
ADDRESS:	PO BOX 19	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELAINE ROBINSON	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 19	
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066	

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/ THOMAS C ROBINSON	THOMAS C ROBINSON,	8/12/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.