

1.) CORPORATION NAME:

Olde South Village Homeowners Association, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**K WAYNE GLASS
404 SOUTH WAYNE AVE
PO DRAWER 1067**

SCC ID NO: **06512206**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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WAYNESBORO, VA 22980

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WAYNESBORO CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 404 S WAYNE AVENUE
P O DRAWER 1067

CITY/ST/ZIP: WAYNESBORO, VA 22980

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: | Keri Rankin | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 109 Stonewall Jackson Blvd | | |
| CITY/ST/ZIP/CO: | Staunton, VA 24401 | | |

| | | | |
|-----------------|--------------------|---|--|
| NAME: | Dustin Didawick | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 13 Perryville Ct | | |
| CITY/ST/ZIP/CO: | Staunton, VA 24401 | | |

| | | | |
|-----------------|--------------------|---|--|
| NAME: | Fred Kaspick | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 11 Perryville Ct | | |
| CITY/ST/ZIP/CO: | Staunton, VA 24401 | | |

| | | | |
|-----------------|-----------------------------|---|--|
| NAME: | Phyllis Duncan | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 209 Stonewall Jackson Blvd. | | |
| CITY/ST/ZIP/CO: | Staunton, VA 24401 | | |

| | | | |
|-----------------|-----------------------------|----------------------------------|--|
| NAME: | Bobby Meyerhoeffer | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 208 Stonewall Jackson Blvd. | | |
| CITY/ST/ZIP/CO: | Staunton, VA 24401 | | |

| | | | |
|-----------------|-----------------------------|----------------------------------|--|
| NAME: | Steve Faidley | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 205 Stonewall Jackson Blvd. | | |
| CITY/ST/ZIP/CO: | Staunton, VA 24401 | | |

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/ Keri Rankin | Keri Rankin, PRESIDENT | 1/31/2013 |
| 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.