

1.) CORPORATION NAME:

Westhall Community Association, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT J KRONER
418 E WATER ST
CHARLOTTESVILLE, VA**

SCC ID NO: **06537930**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1500 AMHERST ST

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

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: RON RAMMELKAMP TITLE: PRESIDENT ADDRESS: 5946 NICOLE CT CITY/ST/ZIP/CO: CROZET, VA 22932	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROLYN WALTERS TITLE: TREASURER ADDRESS: 308 MARQUETTE CT CITY/ST/ZIP/CO: CROZET, VA 22932	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID PETERSON TITLE: SECRETARY ADDRESS: 5335 BROOKWOOD RD CITY/ST/ZIP/CO: CROZET, VA 22932	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNA BURKES TITLE: DIRECTOR ADDRESS: 366 JOLIET CT CITY/ST/ZIP/CO: CROZET, VA 22932	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN MCGINN TITLE: DIRECTOR ADDRESS: 5418 PARK RD CITY/ST/ZIP/CO: CROZET, VA 22932	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY SCOTT-FLEMING TITLE: DIRECTOR ADDRESS: 310 MARQUETTE CT CITY/ST/ZIP/CO: CROZET, VA 22932	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Shane Strike TITLE: DIRECTOR ADDRESS: 505 Jonna St CITY/ST/ZIP/CO: Crozet, VA 22932	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Steven Bronder TITLE: DIRECTOR ADDRESS: 304 Marquette Ct CITY/ST/ZIP/CO: Crozet, VA 22932	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DOUGLAS GRANVILLE BROOKS, SR TITLE: MANAGING AGENT ADDRESS: 1500 AMHERST STREET CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER <input 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/ DOUGLAS GRANVILLEBROOKS, SR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS GRANVILLEBROOKS, SR, _____ PRINTED NAME AND CORPORATE TITLE	2/12/2014 _____ 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.		