

1.) CORPORATION NAME:

Commonwealth Swim Club, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DANIEL O JOYCE
9809 VERTAIN CT
FAIRFAX, VA**

SCC ID NO: **06539712**

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 168

CITY/ST/ZIP: BURKE, VA 22009

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:	NEIL M BAITINGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5075 Coleridge Drive		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	DANIEL O. JOYCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9808 VERTAIN CT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	JAMES W. REYNOLDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4717 CARTERWOOD DRIVE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	DANIELLE NICHOLSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5104 COLERIDGE DRIVE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	Nick Wathen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Operations		
ADDRESS:	5204 Pommeroy Dr		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		
NAME:	Lexie Staton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Swim Team Rep		
ADDRESS:	5204 Pommeroy Dr		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		

NAME: Patrice Levinson TITLE: Dive Team Rep ADDRESS: 9708 Galsworth Ct CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Cotton TITLE: Social ADDRESS: 5216 Richardson Dr CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Watkins TITLE: Grounds ADDRESS: 4808 Jennichelle Ct CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Debra Kiraly TITLE: At Large ADDRESS: 4910 Maury Ct CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rita Adams TITLE: At Large ADDRESS: 7452 Spring Village Dr CITY/ST/ZIP/CO: #405 Springfield, VA 22150	<input 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/ DANIEL O. JOYCE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL O. JOYCE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/15/2014 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.		