

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215519702

1.) CORPORATION NAME:

**Belmead at South Run Crossing Homeowners Association,
Inc.**

DUE DATE: **5/31/2015**

SCC ID NO: **06588529**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRENDAN P BUNN
CHADWICK WASHINGTON ET AL
3201 JERMANTOWN RD STE 600**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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FAIRFAX, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11351 RANDOM HILLS ROAD
SUITE 500

CITY/ST/ZIP: FAIRFAX, VA 22030

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.

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|-----------------|-----------------------|---|--|
| NAME: | DREW STATHIS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 7520 RED HILL DRIVE | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

| | | | |
|-----------------|-----------------------|---|--|
| NAME: | PETER DARKE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 7500 RED HILL DRIVE | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

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|-----------------|-----------------------|---|--|
| NAME: | BRENT GRAHAM | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | MEMBER AT LARGE | | |
| ADDRESS: | 7518 RED HILL DR | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

| | | | |
|-----------------|-----------------------|---|--|
| NAME: | MATTHEW EADS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TRESURER | | |
| ADDRESS: | 7510 RED HILL DRIVE | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

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|-----------------|-----------------------|---|--|
| NAME: | JAN SWICORD | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 9307 CASTLE HILL RD | | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22153 | | |

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/ DREW STATHIS | DREW STATHIS, PRESIDENT | 5/20/2015 |
| 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. | | |