

1.) CORPORATION NAME:

**THE IRONBOUND SUBDIVISION HOMEOWNERS
ASSOCIATION**

DUE DATE: **6/30/2012**

SCC ID NO: **06611792**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LEO P ROGERS JR
101 C MOUNTS BAY RD
PO BOX 8784**

5.) STOCK INFORMATION

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

WILLIAMSBURG, VA 23187-8784

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5320 PALMER LANE
STE 1A

CITY/ST/ZIP: WILLIAMSBURG, VA 23188-2674

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:	AMY DRISCOLL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5320 PALMER LN STE 1A		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	VAUGHN POLLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5320 PALMER LN STE 1A		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	ADAM KINSMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 8784		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23187-8784		

NAME:	BARBARA WATSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5320 PALMER LN STE 2A		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	MARION O PAINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5320 PALMER LN STE 1A		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	Jose Ribeiro	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101-A Mounts Bay Road		
CITY/ST/ZIP/CO:	P.O. Box 8784 WILLIAMSBURG, VA 23187-8784		

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/ ADAM KINSMAN	ADAM KINSMAN, DIRECTOR	4/17/2012
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.