

1.) CORPORATION NAME: Cambria Cove Homeowners' Association, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SCOTT N. ALPERIN, P.C. 4605 PEMBROKE LAKE CIR STE 300 VIRGINIA BEACH, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 10/31/2014 SCC ID NO: 06853303 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: c/o Property Management Associates 4605 Pembroke Lake Circle, Ste 302 CITY/ST/ZIP: Virginia Beach, VA 23455	
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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: ADAM NELSON TITLE: PRESIDENT ADDRESS: 10600 ARROWHEAD DRIVE SUITE 225 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: GARY LEYGRAAF TITLE: VICE PRESIDENT ADDRESS: 10600 ARROWHEAD DRIVE SUITE 225 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KEN STUBENHOFER TITLE: TREASURER/SEC ADDRESS: 10600 ARROWHEAD DRIVE SUITE 225 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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 NELSON	ADAM NELSON, PRESIDENT	1/19/2015
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.