

<p>1.) CORPORATION NAME: THE MANORS AT BYBEE ESTATES OWNERS' ASSOCIATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BARBARA WRIGHT GOSHORN 203 MAIN ST PO BOX 177 PALMYRA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FLUVANNA COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>	<p>DUE DATE: 11/30/2015</p> <p>SCC ID NO: 06861736</p> <p>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> </p>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 642 BYBEE ESTATES LANE

CITY/ST/ZIP: PALMYRA, VA 22963

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.

<p>NAME: DEAN J WENTZ TITLE: PRESIDENT ADDRESS: 480 BYBEE ESTATES LANE CITY/ST/ZIP/CO: PALMYRA, VA 22963</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAKE KECK TITLE: TREASURER ADDRESS: 642 BYBEE ESTATES LN CITY/ST/ZIP/CO: PALMYRA, VA 22963</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARIE HUSSEY TITLE: SECRETARY ADDRESS: 334 BYBEE ESTATES LN CITY/ST/ZIP/CO: PALMYRA, VA 22963</p>	<input checked="" 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/ JAKE KECK	JAKE KECK, TREASURER	12/22/2015
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.