

1.) CORPORATION NAME:

Huntington Forest Homeowners Association

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

JESSE SCHRUM

6231 GENTLE LN

ALEXANDRIA, VA 22310-2260

SCC ID NO: **06882799**

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 10099

CITY/ST/ZIP: ALEXANDRIA, VA 22310-0099

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:	JESSE B. SCHRUM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6231 GENTLE LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310-2260		

NAME:	JOHN E. SCHAEFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6286 GENTLE LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310-2264		

NAME:	DOREEN M. MCKNIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6277 GENTLE LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310-2260		

NAME:	AGNES R. D'ALESSANDRO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6215 GENTLE LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310-2260		

NAME:	ARIENNE M. REILLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6210 GENTLE LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310-2259		

NAME:	MICHAEL R. TANNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3308 FALLEN TREE CT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310-2262		

NAME: KATHRYN G. SPITZER TITLE: DIRECTOR ADDRESS: 3300 FALLEN TREE CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-2262	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KERRY A. McCABE TITLE: DIRECTOR ADDRESS: 3304 GENTLE CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-2265	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DONNA M. CLAY TITLE: DIRECTOR ADDRESS: 3311 FALLEN TREE CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310-2262	<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/ JESSE B. SCHRUM	JESSE B. SCHRUM, PRESIDENT		1/28/2013	
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.				