

1.) CORPORATION NAME: SEVEN SPRINGS FARM HOA	DUE DATE: 3/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID K. ANDERSON 20465 SPRING CREEK DR CULPEPER, VA	SCC ID NO: 07211436
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CULPEPER COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10303 CEDAR SPRING LANE

CITY/ST/ZIP: CULPEPER, VA 22701

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: BRYANT L ROBINSON TITLE: PRESIDENT ADDRESS: 10303 CEDAR SPRING LANE CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
-----------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: DAVID K ANDERSON TITLE: VICE PRESIDENT ADDRESS: 20465 SPRING CREEK DRIVE CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: CHRIS BECK TITLE: SECRETARY ADDRESS: 20515 SPRING CREEK DRIVE CITY/ST/ZIP/CO: CULPEPER, VA 22701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: Christiane Elsbeth Robinson TITLE: TREASURER ADDRESS: 10303 Cedar Spring Lane CITY/ST/ZIP/CO: Culpeper, VA 22701	<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/ BRYANT L ROBINSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRYANT L ROBINSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/15/2014 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.