

1.) CORPORATION NAME:

**LAMBERTS POINT TOWNHOUSES HOMEOWNERS'  
ASSOCIATION**

DUE DATE: **12/31/2014**

SCC ID NO: **07310592**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TIMOTHY L CAMPBELL  
1234 WEST 26TH STREET  
NORFOLK, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1234 WEST 26TH STREET

CITY/ST/ZIP: NORFOLK, VA 23508

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:	TIMOTHY CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1234 WEST 26TH STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		

NAME:	NIKITA LOGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1244 WEST 26TH STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		

NAME:	CHANTAL LYLES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1244 WEST 26TH STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		

NAME:	ESTHER TURNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1208 WEST 26TH STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		

NAME:	CRYSTAL ARMSTRONG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1224 WEST 26TH STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		

NAME:	STEVEN BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1232 WEST 26TH STREET		
CITY/ST/ZIP/CO:	NORFOLK, VA 23508		

NAME: MARK DAVIDSON TITLE: DIRECTOR ADDRESS: 1212 WEST 26TH STREET CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REBECCA PERRY TITLE: DIRECTOR ADDRESS: 1240 WEST 26TH STREET CITY/ST/ZIP/CO: NORFOLK, VA 23508	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANITA ROBERTS TITLE: DIRECTOR ADDRESS: 201 GRANBY STREET CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM STEINFELDT TITLE: DIRECTOR ADDRESS: 1208 WEST 26TH STREET CITY/ST/ZIP/CO: NORFOLK, VA 23508	<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/ TIMOTHY CAMPBELL	TIMOTHY CAMPBELL, PRESIDENT	11/30/2014
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.		