

1.) CORPORATION NAME: <b>Ocean View POA</b>	DUE DATE: <b>4/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BEN BENSON 28510 OCEAN VIEW WAY PARKSLEY, VA</b>	SCC ID NO: <b>07356553</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ACCOMACK COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: Barbara D Mroczka PO Box 407  CITY/ST/ZIP: PARKSLEY, VA 23421	
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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.

NAME: MELINDA THORNTON TITLE: TREASURER ADDRESS: 29221 OCEAN VIEW WAY CITY/ST/ZIP/CO: PARKSLEY, VA 23421	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: REBECCA BRUCE TITLE: DIRECTOR ADDRESS: 2938 GUILFORD AVENUE CITY/ST/ZIP/CO: BALTIMORE, MD 21218	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KATHERINE SHEPPARD TITLE: DIRECTOR ADDRESS: 37098 NEPTUNE COURT CITY/ST/ZIP/CO: GREENBACKVILLE, VA 23356	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RICK WILLIAMS TITLE: DIRECTOR ADDRESS: 8443 CANNON ROAD CITY/ST/ZIP/CO: SEAFORD, DE 19973	<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/ _____		4/13/2014
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.