

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214526848

1.) CORPORATION NAME:

North Berkshire Condominium Association, Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFREY G LENHART
100 10TH STREET NE STE 300
HARRISONBURG, VA**

SCC ID NO: **07370703**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2202 N BERKSHIRE RD
STE 101

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID B HAMER		
TITLE:	PRESIDENT		
ADDRESS:	2202 N BERKSHIRE RD		
	STE 101		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY L WHITMER		
TITLE:	SECRETARY/TREAS		
ADDRESS:	2202 BERKSHIRE RD.		
	STE 102		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM B WALTON, III		
TITLE:	MANAGING AGENT		
ADDRESS:	1500 AMHERST ST		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN E KNIGHT		
TITLE:	DIRECTOR		
ADDRESS:	2202 N BERKSHIRE RD		
	STE 203		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH J WAFF, III		
TITLE:	DIRECTOR		
ADDRESS:	2202 N BERKSHIRE RD		
	STE 103		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME: ROBERT E WILKERSON TITLE: DIRECTOR ADDRESS: 2202 N BERKSHIRE RD STE 202 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: CARLOS R IBANEZ TITLE: DIRECTOR ADDRESS: 2202 N. BERKSHIRE RD. STE 201 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<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/ WILLIAM B WALTON, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM B WALTON, III, MANAGING AGENT PRINTED NAME AND CORPORATE TITLE	5/27/2014 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.