

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214503283

1.) CORPORATION NAME:

**Festiva Resorts Adventure Club Members' Association, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1781956**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**SC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE VANCE GAP ROAD

CITY/ST/ZIP: ASHEVILLE, NC 28805

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:	WILL HORTON				
TITLE:	PRESIDENT				
ADDRESS:	ONE VANCE GAP RD				
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28805				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	YVETTE S SMITH				
TITLE:	TREASURER				
ADDRESS:	39 Patton Avenue				
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28801				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVIS SMITH				
TITLE:	SECRETARY				
ADDRESS:	ONE VANCE GAP ROAD				
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28805				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RICHARD HARTNETT				
TITLE:	DIRECTOR				
ADDRESS:	39 Patton Avenue				
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28801				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RICHARD LIDBOM				
TITLE:	DIRECTOR				
ADDRESS:	714 WOODBURY KNOLLS DRIVE				
CITY/ST/ZIP/CO:	WINSTON SALEM, NC 27104				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	THOMAS OLSEN				
TITLE:	DIRECTOR				
ADDRESS:	102 NIGHTHAWK WAY				
CITY/ST/ZIP/CO:	GEORGETOWN, TX 78633				

NAME: JOHN PIERNIKOWSKI TITLE: DIRECTOR ADDRESS: 12 BLUEBERRY RIDGE CT. CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Jonathan Brooks TITLE: VICE PRESIDENT ADDRESS: ONE VANCE GAP ROAD CITY/ST/ZIP/CO: ASHEVILLE, NC 28805	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ WILL HORTON	WILL HORTON, PRESIDENT	1/10/2014
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.