

## 2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

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corporation N     HUGUENOT	NAME: HUNDRED COMMUNITY ASSOCIATIO	N DUE	DATE: <b>06/30/13</b>	
2. VA REGISTERED A JAMES KA	VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY. A JAMES KAUFFMAN		SCC ID NO.: 0186169-9	
6800 PARAC	GON PL STE 626	5 S	TOCK INFORMATION	
PO BOX 664		CLA		
RICHMOND, 3. CITY OR COUNTY 143-HENRIC	Y OF VA REGISTERED OFFICE:			
4. STATE OR COUN VA-VIRGINIA	ITRY OF INCORPORATION:			
DO NOT ATTEMF print in black only.	PT TO ALTER THE INFORMATION ABOV	E. Carefully read the e	enclosed instructions. Type or	
6. PRINCIPAL O	FFICE ADDRESS:			
Mark this box	k if address shown below is correct	If the block to the left is blank address below.	or contains incorrect data please add or correct th	
ADDRESS: 7	00 E MAIN ST SUITE 1700	ADDRESS:		
	RICHMOND, VA 23219  AND PRINCIPAL OFFICERS:  All directors a	CITY/ST/ZIP	sted.	
		may be designated as both a		
Mark appropriate box	cuniess area below is blank:	If the block to the left is blank	or contains incorrect data, please mark appropriat	
Information is corre	ect	box and enter information bel	ow: Correction Addition Replacement	
	OFFICER M DIRECTOR M		OFFICER   DIRECTOR	
NAME:	SUZANNE JENKINS	NAME:		
TITLE:	PRESIDENT	TITLE:		
ADDRESS:	3910 VICTORIA LANE	ADDRESS:		
CITY/ST/ZIP:	MIDLOTHIAN, VA 23113	CITY/ST/ZIP:		
I'elu K	OFFICER PRINTED NO.	and complete as of the	4-26-2013	

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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## **2013 ANNUAL REPORT CONTINUED**

CORPORATION NAME: HUGUENOT HUNDRED COMMUNITY ASSOCIATION

DUE DATE: 06/30/13 SCC ID NO.: 0186169-9

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank:  **Information is correct		If the block to the left is blank or of and enter information below:	contains incorrect data, please mark appropriate box  Correction Addition Replacement
	OFFICER X DIRECTOR X		OFFICER   DIRECTOR
NAME:	WEST COBB	NAME:	
TITLE:	VICE PRESIDENT	TITLE:	
ADDRESS:	3911 VICTORIA LANE	ADDRESS:	
CITY/ST/ZIP:	MIDLOTHIAN, VA 23113	CITY/ST/ZIP:	
Mark appropriate box unless area below is blank:  XInformation is correct  Information is incorrect  Delete information		₃lf the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement	
	OFFICER Z DIRECTOR Z		OFFICER   DIRECTOR
NAME:	PETER STECH	NAME:	
TITLE:	TREASURER	TITLE:	
ADDRESS:	3941 DARBY DRIVE	ADDRESS:	
OUT VIOLETIE		CITY/ST/ZIP:	-
On The Control of the	MIDEOTHIAN, VA 20115	OTTI/OT/ZII .	
Mark appropriate bo	ox unless area below is blank: rrect		contains incorrect data, please mark appropriate box
Mark appropriate bo	ox unless area below is blank:	If the block to the left is blank or o	
Mark appropriate bo	ox unless area below is blank: rect	If the block to the left is blank or o	☐ Correction ☐ Addition ☐ Replacement
XInformation is cor	ox unless area below is blank: rrect  Information is incorrect  Delete information  OFFICER  DIRECTOR  X	If the block to the left is blank or c and enter information below:	☐ Correction ☐ Addition ☐ Replacement
XInformation is cor	ox unless area below is blank: rrect   Information is incorrect   Delete information  OFFICER   DIRECTOR   DIR	If the block to the left is blank or cand enter information below:	☐ Correction ☐ Addition ☐ Replacement
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