

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

File online at
sccefile.scc.virginia.gov



1. CORPORATION NAME:
HUGUENOT HUNDRED COMMUNITY ASSOCIATION

DUE DATE: **06/30/13**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
A JAMES KAUFFMAN

SCC ID NO.: **0186169-9**

6800 PARAGON PL STE 626
PO BOX 6649
RICHMOND, VA 23230

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
143-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

5. STOCK INFORMATION

CLASS	AUTHORIZED

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 700 E MAIN ST SUITE 1700	ADDRESS:
CITY/ST/ZIP RICHMOND, VA 23219	CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: SUZANNE JENKINS TITLE: PRESIDENT ADDRESS: 3910 VICTORIA LANE CITY/ST/ZIP: MIDLOTHIAN, VA 23113	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Peter R. Stech
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PETER R. STECH
PRINTED NAME AND CORPORATE TITLE
TREASURER

4-26-2013
DATE

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.

+ 0424353 000010382 09SCC1

2013 ANNUAL REPORT CONTINUED

CORPORATION NAME:
HUGUENOT HUNDRED COMMUNITY ASSOCIATION

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

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

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: WEST COBB TITLE: VICE PRESIDENT ADDRESS: 3911 VICTORIA LANE CITY/ST/ZIP: MIDLOTHIAN, VA 23113		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: PETER STECH TITLE: TREASURER ADDRESS: 3941 DARBY DRIVE CITY/ST/ZIP: MIDLOTHIAN, VA 23113		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: EVELYN HUNT TITLE: SECRETARY ADDRESS: 3900 VICTORIA LANE CITY/ST/ZIP: MIDLOTHIAN, VA 23113		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information		If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	