



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

July 18, 2014

DUNCAN M BLACK
8229 BOONE BLVD STE 630
VIENNA, VA 22182

RECEIPT

RE: BELLS VALLEY HOMEOWNERS ASSOCIATION

ID: 0780307 - 5

DCN: 14-07-02-0019

Dear Customer:

This is your receipt for \$75.00, to cover the fees for filing articles of incorporation with this office.

The effective date of the certificate of incorporation is July 18, 2014.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

CORPRCPT
NEWCD
CISLFD

1407060525

140060525

ENTITY NAME: Bells Valley Homeowners Association

Name availability done in:

Initials: VB Conflict with ID #: _____
eFile: VB _____
CIS: VB _____

ENTITY ID #: _____
DCN #: 140702-0019

CHARTER EXAMINER WORKSHEET

CHARTER / ENTRANCE FEE 50.00
FILING FEE 25.00
EXPEDITE FEE(S) _____
TOTAL FEES 75.00

JURISDICTION: Va

SPECIAL EFFECTIVE DATE / TIME

AMENDMENT OR OTHER INFORMATION:

SEND COPY TO: _____

Q 7/17/14

2014 JUL -2 AM ID: 63
CLERK'S OFFICE
OPERATIONS

COPYWORK REQUESTED:

CORRESPONDENT:

AMOUNT AVAILABLE
FOR COPYWORK:

MAIL _____
CALL _____
FAX _____
FED EX _____

07803075

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

AT RICHMOND, JULY 18, 2014

The State Corporation Commission has found the accompanying articles submitted on behalf of

BELLS VALLEY HOMEOWNERS ASSOCIATION

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF INCORPORATION

be issued and admitted to record with the articles of incorporation in the Office of the Clerk of the Commission, effective July 18, 2014.

The corporation is granted the authority conferred on it by law in accordance with the articles, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By

A handwritten signature in black ink, reading "Judith Williams Jagdmann". The signature is written in a cursive, flowing style.

Judith Williams Jagdmann
Commissioner

1407060525



SCC819
(06/14)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

ARTICLES OF INCORPORATION
OF A VIRGINIA NONSTOCK CORPORATION

1407060525

The undersigned, pursuant to Chapter 10 of Title 13.1 of the Code of Virginia, state(s) as follows:

1. The name of the corporation is

BELLS VALLEY HOMEOWNERS ASSOCIATION.

2. (Mark appropriate box or insert applicable provisions; see instructions.)

- ☐ The corporation shall have no members. **OR**
☒ The corporation shall have one or more classes of members with such designations, qualifications and rights as set forth in the bylaws. **OR**
☐ The designation of the class(es) of members and the members' qualifications and rights are as follows:

3. (Mark appropriate box or insert applicable provisions; see instructions.)

- ☐ The directors shall elect their successors. **OR**
☐ The directors shall be elected by the members. **OR**
☒ The directors shall be elected or appointed as follows: **Initial directors to be appointed by the Declarant. Commencing with the first annual meeting of the Membership, the directors shall be elected by the Membership.**

4. A. The name of the corporation's initial registered agent is

Duncan M. Black, Esq.

- B. The initial registered agent is (mark appropriate box):

- (1) an individual who is a resident of Virginia **and** (2) ☐ a domestic or foreign stock or nonstock corporation, limited liability company or registered limited liability partnership authorized to transact business in Virginia.
☐ an initial director of the corporation. **OR**
☒ a member of the Virginia State Bar.

5. A. The corporation's initial registered office address, including the street and number, if any, which is identical to the business office of the initial registered agent, is


8229 Boone Blvd. Suite 630 **Vienna, VA** **22182**
(number/street) (city or town) (zip)

- B. The registered office is located in the ☒ county **OR** ☐ city of **FAIRFAX**.

6. The initial directors are (see instructions):

NAME(S)	ADDRESS(ES)
<u>Warren Jenkins</u>	<u>8405 Greensboro Dr., #P-130, McLean, VA 22102</u>
<u>Richard Clendaniel</u>	<u>8405 Greensboro Dr., #P-130, McLean, VA 22102</u>
<u>Chrisy Taylor</u>	<u>8405 Greensboro Dr., #P-130, McLean, VA 22102</u>

INCORPORATOR(S):



SIGNATURE(S)

6/30/14

DATE

Warren Jenkins

PRINTED NAME(S)

703-821-1540

TELEPHONE NUMBER (OPTIONAL)

Personal Information, such as a social security number, should NOT be included in a business entity document submitted to the Office of the Clerk for filing with the Commission. For more information, see Notice Regarding Personal Identifiable Information at www.scc.virginia.gov/clk.

REVIEW THE INSTRUCTIONS THAT FOLLOW BEFORE SUBMITTING THIS FORM.

Entity Information

Entity Information

Entity Name: BELLS VALLEY
HOMEOWNERS
ASSOCIATION

Entity ID: 07803075

Entity Type: Nonstock Corporation

Entity Status: Active

Formation Date: 07/18/2014

Reason for Status: Active and In Good
Standing

VA Qualification Date: 07/18/2014

Status Date: 07/18/2014

Industry Code: 0 - General

Period of Duration: Perpetual

Jurisdiction: VA

Annual Report Due N/A
Date:

Registration Fee Due Not Required
Date:

Charter Fee: \$50.00

Registered Agent Information

RA Type: Individual

Locality: FAIRFAX

RA Qualification: Member of the Virginia
State Bar

Name: DUNCAN M BLACK

Registered Office 754 Elden Street, Suite
Address: 302, Herndon, VA,
20170 - 4681, USA

Principal Office Address

Address: LANDMARK REAL
ESTATE, PO BOX 7268,
FREDERICKSBURG, VA,
22404 - 0000, USA

Principal Information

Title	Director	Name	Address	Last Updated
Secretary	Yes	KATE LONG	8405 GREENSBORO DR, #P 130, MCLEAN, VA, 22102 - 0000, USA	07/24/2019
	Yes	RICHARD CLENDANIEL	8404 GREENSBORO DR, #P 130, MCLEAN, VA, 22102 - 0000, USA	07/24/2019
President	Yes	GRAHAM WEIGLE	8405 GREENSBORO DR, #P 130, MCLEAN, VA, 22102 - 0000, USA	07/24/2019

MEMBER INFORMATION;

Member Information: No Membership Provisions Provided

[Filing History](#)[RA History](#)[Name History](#)[Previous Registrations](#)[Garnishment Designees](#)[Image Request](#)[Back](#)[Return to Search](#)[Return to Results](#)[Back to Login](#)

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215520331						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BELLS VALLEY HOMEOWNERS ASSOCIATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DUNCAN M BLACK 8229 BOONE BLVD STE 630 VIENNA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2015</p> <p>SCC ID NO: 07803075</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
CLASS	AUTHORIZED							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 8404 Greensboro Dr #P 130</p> <p style="margin-left: 40px;">CITY/ST/ZIP: McLean, VA 22102</p>								
<p>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.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD CLENDANIEL TITLE: DIRECTOR ADDRESS: 8404 GREENSBORO DR #P 130 CITY/ST/ZIP/CO: MCLEAN, VA 22102 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD CLENDANIEL TITLE: DIRECTOR ADDRESS: 8404 GREENSBORO DR #P 130 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHRISY TAYLOR TITLE: DIRECTOR ADDRESS: 8405 GREENSBORO DR #P 130 CITY/ST/ZIP/CO: MCLEAN, VA 22102 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHRISY TAYLOR TITLE: DIRECTOR ADDRESS: 8405 GREENSBORO DR #P 130 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
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<p>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.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">/s/ WARREN JENKINS</td> <td style="width: 33%; border-bottom: 1px solid black;">WARREN JENKINS, DIRECTOR</td> <td style="width: 33%; border-bottom: 1px solid black;">5/26/2015</td> </tr> <tr> <td style="text-align: center; font-size: small;">SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT</td> <td style="text-align: center; font-size: small;">PRINTED NAME AND CORPORATE TITLE</td> <td style="text-align: center; font-size: small;">DATE</td> </tr> </table>			/s/ WARREN JENKINS	WARREN JENKINS, DIRECTOR	5/26/2015	SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
/s/ WARREN JENKINS	WARREN JENKINS, DIRECTOR	5/26/2015						
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE						
<p style="font-size: small;">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.</p>								

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



216103035

1. CORPORATION NAME:
BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/16

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
DUNCAN M BLACK
8229 BOONE BLVD STE 630
VIENNA, VA 22182

SCC ID NO.: 0780307-5

5. STOCK INFORMATION

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

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: 8404 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP MCLEAN, VA 22102	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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: RICHARD CLENDANIEL TITLE: DIRECTOR ADDRESS: 8404 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102	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.

Kate Long
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Kate Long, Secretary
PRINTED NAME AND CORPORATE TITLE

6/15/2016
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

CORPORATION NAME:
BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/16
SCC ID NO.: 0780307-5

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.

<p>Mark appropriate box unless area below is blank. <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: WARREN JENKINS</p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: 8405 GREENSBORO DR #P 130</p> <p>CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>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</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Graham Weigle</p> <p>TITLE: President - Director</p> <p>ADDRESS: same</p> <p>CITY/ST/ZIP: same</p>
<p>Mark appropriate box unless area below is blank. <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CHRISY TAYLOR</p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: 8405 GREENSBORO DR #P 130</p> <p>CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>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</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Kate Long</p> <p>TITLE: Secretary</p> <p>ADDRESS: same</p> <p>CITY/ST/ZIP: same</p>
<p>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</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>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</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
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216103035

2017 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

217123898--8/4/2017

217123898



1. CORPORATION NAME:

BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/17

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

SCC ID NO.: 0780307-5

DUNCAN M BLACK
8229 BOONE BLVD STE 630
VIENNA, VA 22182

5. STOCK INFORMATION

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

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

6. PRINCIPAL OFFICE ADDRESS:

<input 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: 8404 GREENSBORO DR #P 130	ADDRESS: Landmarc Real Estate PO Box 7268
CITY/ST/ZIP MCLEAN, VA 22102	CITY/ST/ZIP Fredericksburg, VA 22404

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: GRAHAM WEIGLE TITLE: PRESIDENT ADDRESS: 8405 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102	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.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

8/3/17
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.

CORPORATION NAME:
BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/17
SCC ID NO.: 0780307-5

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.

<p>Mark appropriate box unless area below is blank.</p> <p><input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KATE LONG</p> <p>TITLE: SECRETARY</p> <p>ADDRESS: 8405 GREENSBORO DR #P 130</p> <p>CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>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</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RICHARD CLENDANIEL</p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: 8404 GREENSBORO DR #P 130</p> <p>CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>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</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank.</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>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</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank.</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>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</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>

0003523



2018 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



218100927

1. CORPORATION NAME:
 BELLS VALLEY HOMEOWNERS ASSOCIATION
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
 DUNCAN M BLACK
 8229 BOONE BLVD STE 630
 VIENNA, VA 22182
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
 129-FAIRFAX COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
 VA-VIRGINIA
- DUE DATE: 07/31/18
- SCC ID NO.: 0780307-5
5. TOTAL NUMBER OF AUTHORIZED SHARES:

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

6. PRINCIPAL OFFICE ADDRESS:

<input 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: LANDMARK REAL ESTATE PO BOX 7268	ADDRESS:
CITY/ST/ZIP FREDERICKSBURG, VA 22404	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: GRAHAM WEIGLE TITLE: PRESIDENT ADDRESS: 8405 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102	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.

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 that is false in any material respect with intent that the document be delivered to the Commission for filing.

2018 ANNUAL REPORT CONTINUED

CORPORATION NAME:
BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/18
SCC ID NO.: 0780307-5

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.

<p>Mark appropriate box unless area below is blank:</p> <p><input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KATE LONG TITLE: SECRETARY ADDRESS: 8405 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RICHARD CLENDANIEL TITLE: DIRECTOR ADDRESS: 8404 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>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</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



1. CORPORATION NAME:

BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/19

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

DUNCAN M BLACK
 8229 BOONE BLVD STE 630
 VIENNA, VA 22182

SCC ID NO.: 0780307-5

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

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: LANDMARK REAL ESTATE PO BOX 7268	ADDRESS:
CITY/ST/ZIP FREDERICKSBURG, VA 22404	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: GRAHAM WEIGLE TITLE: PRESIDENT ADDRESS: 8405 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102	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.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Graham Weigle President
 PRINTED NAME AND CORPORATE TITLE

7/16/19
 DATE

2019 ANNUAL REPORT CONTINUED

CORPORATION NAME:
BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/19
SCC ID NO.: 0780307-5

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.

<p>Mark appropriate box unless area below is blank:</p> <p><input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:</p> <p><input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KATE LONG TITLE: SECRETARY ADDRESS: 8405 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:</p> <p><input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RICHARD CLENDANIEL TITLE: DIRECTOR ADDRESS: 8404 GREENSBORO DR #P 130 CITY/ST/ZIP: MCLEAN, VA 22102</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: Vice-President ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:</p> <p><input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:</p> <p><input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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