

# 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

CORPROPT NEWCD CISLFD

ENTITY NAME: Bells Valley F	tomeowners As	Sociation
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FILING FEE 25.00	SPECIAL EFFECTIVE	DATE / TIME
EXPEDITE FEE(S)		
TOTAL FEES 75.00	INDUSTRY CODE:	
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# 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

This property

Judith Williams Jagdmann Commissioner



### COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

# ARTICLES OF INCORPORATION OF A VIRGINIA NONSTOCK CORPORATION

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	<u>N.</u>	
2.	<ul> <li>(Mark appropriate box or insert applicable pro</li> <li>☐ The corporation shall have no members. Ol</li> <li>☑ The corporation shall have one or more classe rights as set forth in the bylaws. OR</li> <li>☐ The designation of the class(es) of members a</li> </ul>	R s of members with	such designations, qualifications and
			<del></del>
3.	(Mark appropriate box or insert applicable pro ☐ The directors shall elect their successors. OR ☐ The directors shall be elected by the members ☑ The directors shall be elected or appointed as Commencing with the first annual meeting of the Membership.	<u>C</u> . <u>OR</u> follows: <u>Initial dir</u>	ectors to be appointed by the Declarant.
4.	A. The name of the corporation's initial registered	agent is	
	Duncan M. Black, Esq.		
	B. The initial registered agent is (mark appropri	ate box):	
	<ul> <li>(1) an <u>individual</u> who is a resident of Virginia</li> <li>☐ an initial director of the corporation.</li> <li>☑ a member of the Virginia State Bar.</li> </ul>	and (2) [ OR	a domestic or foreign stock or nonstock corporation, limited liability company or registered limited liability partnership authorized to transact business in Virginia.
5.	A. The corporation's initial registered office addidentical to the business office of the initial registered.		he street and number, if any, which is
	8229 Boone Blvd. Suite 630	Vienna, VA	22182
	(number/street)	(city or town)	(zip)
	B. The registered office is located in the ☑ coun	ity <u>OR</u> □ city of <u>F</u>	<u>AIRFAX</u> .
6.	The initial directors are (see instructions): NAME(S)		ADDRESS(ES)
	Warren Jenkins	8405 Greensb	oro Dr., #P-130, McLean, VA 22102
	Richard Clendaniel	8405 Greensb	oro Dr., #P-130, McLean, VA 22102
	Chrisy Taylor	8405 Greensb	oro Dr., #P-130, McLean, VA 22102
INC	CORPORATOR(S):	<u>Warı</u>	ren Jenkins
	SIGNATURE(S)		PRINTED NAME(S)

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 <a href="https://www.scc.virginia.gov/clk">www.scc.virginia.gov/clk</a>.

703-821-1540

**TELEPHONE NUMBER (OPTIONAL)** 

#### **Entity Information**

**Entity Information** 

Entity Name: BELLS VALLEY Entity ID: 07803075

HOMEOWNERS ASSOCIATION

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 Charter Fee: \$50.00

Date:

**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

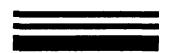
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SCC eFile	2015 ANNUAL REPO COMMONWEALTH OF VII STATE CORPORATION COM	RGINIA		520331
1.) CORPORATION NAME:			UE DATE: 7	//31/2015
BELLS VALLEY HOMEOWNER	RS ASSOCIATION			
2.) VA REGISTERED AGENT NAM	E AND OFFICE ADDRESS:	S	CC ID NO: C	7803075
8229 BOONE BLVD STE 630		5	.) STOCK IN	FORMATION
VIENNA, VA			ĹASS	AUTHORIZED
3.) CITY OR COUNTY OF VA REG FAIRFAX COUNTY	ISTERED OFFICE:			
4.) STATE OR COUNTRY OF INCO	DRPORATION:			
6.) PRINCIPAL OFFICE ADDRESS:				
ADDRESS: 8404 Gr #P 130	reensboro Dr			
CITY/ST/ZIP: McLea	an, VA 22102			
7.) DIRECTORS AND PRINCIPAL C	DFFICERS: All directors and may be designat	principal of ed as both	ficers must be a director and	e listed. An individual an officer.
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD CLENDANIEL DIRECTOR 8404 GREENSBORO DR #P 130 MCLEAN, VA 22102	OFFICER		X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN JENKINS DIRECTOR 8405 GREENSBORO DR #P 130 MCLEAN, VA 22102	OFFICER		X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISY TAYLOR DIRECTOR 8405 GREENSBORO DR #P 130 MCLEAN, VA 22102	OFFICER		X DIRECTOR
I AFFIRM THAT THE INFORMATIO COMPLETE AS OF THE DATE BEL				
/s/ WARREN JENKINS	WARREN JENKINS, DIRECT	OR	5/2	26/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPO TITLE	RATE		DATE
It is a Class 1 misdemeanor for any person respect with the intent that the document	on to sign a document, which includes be delivered to the Commission for fi	s this electroi	nic record, that i	is false in any material

# 21610303

# 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



#### 

COH	POHATION NAME;		
BEL	LS 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

3.

4,

SCC ID NO .: 0780307-5

5. STOCK INFORMATION

	CLASS	AUTHORIZED
CITY OR COUNTY OF VA REGISTERED OFFICE: 129-FAIRFAX COUNTY	7	
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:

Mark this box if address shown below is correct	If the block to the left is blank or contens incorrect déta 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

Mau/s appropriete box unless area below is blants: Information is correct   belormation is incorrect   Delate information	If the trick to the left is blank or contains incorrect detal please metic appropriate box and ental information hellow
OFFICER   DIRECTOR	OFFICER   DIRECTOR
NAME: RICHARD CLENDANIEL	NAME:
TITLE: DIRECTOR	TITLE:
ADDRESS: 8404 GREENSBORO DR	ADDRESS:
#P 130 CITY/ST/ZIP: MCLEAN, VA 22102	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

Kate Long Secretary
PRINTED NAME AND CORPORATE TITLE

6/15/2016 DATE

It is a Class 1 misdemonor for any person to sign a document that is take in any material respect with intent that the document be delivered to the Commission for liking

**CORPORATION NAME:** 

BELLS VALLEY HOMEOWNERS ASSOCIATION

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

7. DIRECTO	<b>FIS AND</b>	PRINCIPAL	OFFICERS:	(continued)
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All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
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OFFICER   DIRECTOR IX	OFFICER 1 DIRECTOR DE
NAME: WARREN JENKINS	NAME: Graham Weigle TITLE: President - Director
TITLE: DIRECTOR	TITLE: President - Director
ADDRESS: 8405 GREENSBORO DR #P 130	ADDRESS: Same
CITY/ST/ZIP: MCLEAN, VA 22102	city/st/zip: Same
Mark appropriate box unless area below is blenk  Information is correct Scholmation is incorrect Defeté information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below Correction Arkthon Replacement
OFFICER   DIRECTOR 13	OFFICER DEDIRECTOR ST
NAME: CHRISY TAYLOR	NAME: Kate Long TITLE: Secretary ADDRESS: Same
TITLE: DIRECTOR	TITLE: Secretary
ADDRESS: 8405 GREENSBORO DR #P 130	ADDRESS: Same
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP: 6ama
Mark appropriate box unless area below is blank (iii) information is correct. [iii) information is incorrect. [iii) Dekite information.	If the block to the left is blank or contens incorrect data, please mark appropriate box and enter information below Correction Artistion Replacement
	has pert actor information below
Till fritormetion is correct   Information is incorrect   Oefate information	box and enter information below Correction C Arkdoon Replacement
Information is correct   Information is incorrect   Definite information  OFFICER   DIRECTOR	box and enter information below Correction C Artidison Replacement OFFICER DIRECTOR C
OFFICER DIRECTOR NAME:	OFFICER   DIRECTOR    NAME:
OFFICER DIRECTOR DIRECTOR TITLE:	Dox and enter information below Correction C Articles Replacement  OFFICER DIRECTOR   NAME: TITLE:
OFFICER DIRECTOR DIRECTOR DIVINE ENTORMISTOR DIRECTOR DIVINE ENTORMISTOR DIRECTOR DIVINE ENTORMISTOR DIVINE ENTORMISTOR DIRECTOR DIVINE ENTORMISTOR DIVINE ENTORMISTOR DIRECTOR DIVINE ENTORMISTOR DIVINE ENTORMISTORI DIVIN	OFFICER   DIRECTOR    NAME:  TITLE:  ADDRESS:
OFFICER DIRECTOR DIRE	DOX and enter information below Correction C Arkinon Replacement  OFFICER DIRECTOR D
OFFICER DIRECTOR DIRE	DOX and enter information below Correction C Arkdoon Replacement  OFFICER DIRECTOR D
OFFICER DIRECTOR DIRE	DOX and enter information below
OFFICER DIRECTOR DIRE	DOS and enter information below
OFFICER DIRECTOR DIRE	DOME:  TITLE: ADDRESS: CITY/ST/ZIP:  If the block to the left is blenk or contains incorrect data, please mark appropriate box and enter adornation below  OFFICER DIRECTOR  NAME: TITLE:  DIRECTOR DIRECTOR  NAME: TITLE:





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STATE CORPO	ORATION COMMISSION
CORPORATION NAME:     BELLS VALLEY HOMEOWNERS ASSOCIATION	DUE DATE: 07/31/17
<ol><li>VA REGISTERED AGENT NAME AND OFFICE ADDF DUNCAN M BLACK</li></ol>	RESS: ATTY. SCC ID NO.: 0780307-5
8229 BOONE BLVD STE 630 VIENNA, VA 22182	5. STOCK INFORMATION
VICTOR VICE IOE	CLASS AUTHORIZED
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 129-FAIRFAX COUNTY	
4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA	
print in black only.  6. PRINCIPAL OFFICE ADDRESS:	
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 200404
7. DIRECTORS AND PRINCIPAL OFFICERS:  All direct An inditional inditions of the property of th	ctors and principal officers must be listed.  ividual may be designated as both a director and an officer,
Mark appropriate box unless area below is blank  Information is correct   Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER   DIRECTOR
NAME: GRAHAM WEIGLE	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 8405 GREENSBORO DR	ADDRESS:

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

ATURE OF MINECTOR/OFFICER

#P 130

CITY/ST/ZIP: MCLEAN, VA 22102

CITY/ST/ZIP:

CORPORATION NAME:
BELLS VALLEY HOMEOWNERS ASSOCIATION

CITY/ST/ZIP:

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.
Mark appropriate box unless area below is blank.  Information is correct  Information is Incorrect  Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
OFFICER DIRECTOR D	OFFICER   DIRECTOR
NAME: KATE LONG	NAME:
TITLE: SECRETARY	TITLE:
ADDRESS: 8405 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:  Information is correct  Information is incorrect  Detete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
OFFICER   DIRECTOR	OFFICER   DIRECTOR
NAME: RICHARD CLENDANIEL	NAME:
TITLE: DIRECTOR	TITLE:
ADDRESS: 8404 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:
Mark appropriate box unless area below is blank.  Information is correct   Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction  Addition  Replacement
OFFICER   DIRECTOR	OFFICER   DIRECTOR
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank.  Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
OFFICER   DIRECTOR	OFFICER   DIRECTOR
NAME:	NAME:
TITLE:	TITLE:

CITY/ST/ZIP:





# 2018 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



5. TOTAL NUMBER OF AUTHORIZED

4	CORE	MOLE	NAME.

BELLS VALLEY HOMEOWNERS ASSOCIATION

DUE DATE: 07/31/18

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

SCC ID NO .: 0780307-5

SHARES:

DUNCAN M BLACK 8229 BOONE BLVD STE 630 VIENNA, VA 22182 000 15 110... 0.0000. 0

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:

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:  Information is correct  Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction  Addition  Replacement
OFFICER X DIRECTOR X	OFFICER   DIRECTOR
NAME: GRAHAM WEIGLE	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 8405 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:

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

SIGNATURE OF BIRECTOR/OFFICER

PRINTED NAME AND CORPORATE TITLE

6/15/18 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.

0003489 P12442N

#### **2018 ANNUAL REPORT CONTINUED**

**CORPORATION NAME: BELLS VALLEY HOMEOWNERS ASSOCIATION** 

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

All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
Information is correct Information is incorrect Delete information	box and enter Information below:  Correction Addition Replacement
OFFICER DIRECTOR D	OFFICER   DIRECTOR
NAME: KATE LONG	NAME:
TITLE: SECRETARY	TITLE:
ADDRESS: 8405 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
Information is correct  Information is incorrect  Delete Information	box and enter information below: Correction Addition Replacement
OFFICER   DIRECTOR	OFFICER   DIRECTOR
NAME: RICHARD CLENDANIEL	NAME:
TITLE: DIRECTOR	TITLE:
ADDRESS: 8404 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:
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Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
Mark appropriate box unless area below is blank:  ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction  Addition  Replacement
	box and enter information below:
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OFFICER DIRECTOR	box and enter information below:  Correction Addition Replacement  OFFICER DIRECTOR
OFFICER DIRECTOR NAME:	box and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:
OFFICER DIRECTOR NAME:	box and enter information below: Correction Addition Replacement  OFFICER DIRECTOR   NAME: TITLE:
OFFICER DIRECTOR NAME: TITLE: ADDRESS:	DIRECTOR   NAME:  TITLE:  ADDRESS:
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank:	DIRECTOR DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate boy and enter information below:
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	DIRECTOR DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate box and enter Information below:  Correction Addition Replacement
OFFICER DIRECTOR Mark appropriate box unless area below is blank: Information is correct Delete information  OFFICER DIRECTOR DIRECTOR  NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank: Information is correct Delete information  OFFICER DIRECTOR	DIRECTOR DIR
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information  OFFICER DIRECTOR NAME:	DIRECTOR DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  OFFICER DIRECTOR NAME:  OFFICER DIRECTOR NAME:







4	2		DA-	LION	NAME	
1.	COL	HPU	HA	HON	INAME:	:

**BELLS VALLEY HOMEOWNERS ASSOCIATION** 

DUE DATE: 07/31/19

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. 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:

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	S AND PRINCIP	PAL OF	FICERS	3:
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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 Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER   DIRECTOR
NAME: GRAHAM WEIGLE	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 8405 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:

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

SIGNATURE OF DIBECTOR/OFFICER ED IN THIS REPORT

the Commission for filing.

It is a Classial misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to



#### **2019 ANNUAL REPORT CONTINUED**

**CORPORATION NAME:** BELLS VALLEY HOMEOWNERS ASSOCIATION DUE DATE: 07/31/19 SCC ID NO .: 0780307-5

All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank;  Information is correct  Information Information  Information  Information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction  Addition  Replacement
OFFICER DIRECTOR D	OFFICER   DIRECTOR
NAME: KATE LONG	NAME:
TITLE: SECRETARY	TITLE:
ADDRESS: 8405 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:  Information is correct Information is incorrect Delete information	ff the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
OFFICER   DIRECTOR	OFFICER   DIRECTOR
NAME: RICHARD CLENDANIEL	NAME:
TITLE: DIRECTOR	TITLE: Vice-President
ADDRESS: 8404 GREENSBORO DR #P 130	ADDRESS:
CITY/ST/ZIP: MCLEAN, VA 22102	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:  Information is correct Information is incorrect Delete Information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction Addition Replacement
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
Mark appropriate box unless area below is blank:  Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
Mark appropriate box unless area below is blank:  Information is correct Information is incorrect Delete information  OFFICER DIRECTOR	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction Addition Replacement  OFFICER DIRECTOR
Mark appropriate box unless area below is blank:  Information is correct Information is incorrect Delete Information  OFFICER DIRECTOR NAME:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  OFFICER DIRECTOR NAME:
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