



Department of Treasury  
Internal Revenue Service  
Ogden UT 84201-0038

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SOUTHEASTERN VIRGINIA-HAMPTON ROADS  
% RESIDENTIAL PROPERTY MANAGERS  
PO BOX 2400 STE 202  
VIRGINIA BEACH VA 23450-2400



021854

Message about Form 990-N (e-Postcard)

## Your organization may be required to file a Form 990-N

Our records show that your organization may be required to file an annual electronic notice (e-Postcard), Form 990-N.

### What you must do immediately

If your organization already filed its annual information return (Form 990, 990-PF, or 990-EZ) or e-Postcard, you don't need to do anything right now. You should continue to file a return or e-Postcard every year.

If your organization hasn't filed its annual information return or e-Postcard, it must file as soon as possible.

The annual information return or e-Postcard is due by the 15th day of the fifth month after the close of your tax period. For example, if your tax period ends December 31 and you are filing Form 990-N, your due date is May 15.

### **Who can file the e-Postcard Form 990-N?**

- A tax-exempt organization other than a private foundation or political or foreign organization whose gross receipts are normally \$50,000 or less
- A Section 509(a)(3) supporting organization of a religious organization whose gross receipts are normally \$5,000 or less

All other supporting organizations generally must file Forms 990 or 990-EZ, even if gross receipts are normally \$50,000 or less.

### **To e-file your organization's e-Postcard:**

- Go to [irs.gov/charities](http://irs.gov/charities).
- Type 990-N in the search box.
- Click on the link for the Form 990-N.

|                    |  |
|--------------------|--|
| Notice             | CP299                                    |
| Notice date        | September 8, 2014                        |
| Employer ID number | 13-4291284                               |
| To contact us      | Phone 1-877-829-5500<br>FAX 801-620-5670 |

Page 1 of 2

Continued on back...

|                    |                   |
|--------------------|-------------------|
| Notice             | CP299             |
| Notice date        | September 8, 2014 |
| Employer ID number | 13-4291284        |
| Page 2 of 2        |                   |

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### If we don't hear from you

#### Revocation for not filing an annual information return or e-Postcard

- If your organization doesn't file an annual return for three consecutive years, it will result in automatic revocation of its tax-exempt status as of the filing date of the third year the return or e-Postcard is due.
- If your organization's tax-exempt status is revoked and you want to have it reinstated, it must file an exemption application and pay the required user fee.
- If your organization had reasonable cause for not meeting its filing requirement, we can consider retroactive reinstatement.

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### Next Steps

#### What you need to file the e-Postcard

You must use your organization's employer identification number, EIN. Don't use another organization's EIN (for example, your parent organization, group ruling holder, or another affiliated organization's EIN) when you file your e-Postcard.

When you are ready to file the e-Postcard, have the following information available about your organization:

- Legal name
- Any other names the organization uses
- Mailing address
- Website address
- Employer identification number
- Name and address of principal officer
- Annual tax period
- Operating status (Are you still in business?)

You must also verify that the organization's annual gross receipts are normally \$50,000 or less. For an explanation of what it means to have receipts that are "normally \$50,000 or less":

- Go to [www.irs.gov/charities](http://www.irs.gov/charities).
- Type 990-N in the search box.
- Click on the link for the Form 990-N.
- Click on the highlighted text, "normally \$50,000 or less."

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### Additional information

- Visit [www.irs.gov/cp299](http://www.irs.gov/cp299).
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**



**1. CORPORATION NAME:**

Southeastern Virginia/Hampton Roads Chapter,  
National Association of Residential Property Manag

DUE DATE: **09/30/14**

**2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.**

CHARLES E WARREN  
920 ARTESIA WAY  
VIRGINIA BEACH, VA 23456

SCC ID NO.: **06233333-2**

**5. STOCK INFORMATION**

| CLASS | AUTHORIZED |
|-------|------------|
|       |            |

**3. CITY OR COUNTY OF VA REGISTERED OFFICE:**

228-VIRGINIA BEACH CITY

**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 | <small>If the block to the left is blank or contains incorrect data please add or correct the address below.</small> |
| ADDRESS: 920 ARTESIA WAY  | ADDRESS:   |
| CITY/ST/ZIP VA BCH, VA 23456  | 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.

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Mark appropriate box unless area below is blank:<br>Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>   | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>   |
| NAME: LISA SAUNDERS  | NAME:  |
| TITLE: PRESIDENT   | TITLE:   |
| ADDRESS: 828 GREENBRIER PKWY #100  | ADDRESS:   |
| CITY/ST/ZIP: CHESAPEAKE, VA 23320  | CITY/ST/ZIP:   |

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

Jackie Peeri      Chloe Drews Jackie Peeri      8/21/2014  
SIGNATURE OF DIRECTOR/OFFICER      PRINTED NAME AND CORPORATE TITLE      DATE  
LISTED IN THIS REPORT

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.

0009754



2014 ANNUAL REPORT CONTINUED

CORPORATION NAME:

Southeastern Virginia/Hampton Roads Chapter,  
National Association of Residential Property Manag

DUE DATE: 09/30/14  
SCC ID NO.: 0623333-2

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:<br/> <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 type="checkbox"/></p> <p>NAME: JACKIE PIERCE<br/>         TITLE: VICE PRESIDENT<br/>         ADDRESS: 4176 S PLAZA TRAIL<br/>         CITY/ST/ZIP: VIRGINIA BEACH, VA 23452</p>              | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:<br/> <input checked="" type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Jackie Pierce<br/>         TITLE: VICE PRESIDENT<br/>         ADDRESS: 335 Centerville Turnpike<br/>         CITY/ST/ZIP: Chesapeake Va 23322</p>             |
| <p>Mark appropriate box unless area below is blank:<br/> <input type="checkbox"/> Information is correct    <input checked="" type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: MAILY ROBERTS MYERS<br/>         TITLE: TREASURER<br/>         ADDRESS: 195 ROSEMONT ROAD<br/>         STE 109<br/>         CITY/ST/ZIP: VA BCH, VA 23452</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:<br/> <input checked="" type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Maily Roberts Jacobs<br/>         TITLE: Treasurer<br/>         ADDRESS: 195 S. Rosemont Rd #109 Suite<br/>         CITY/ST/ZIP: Virginia Beach, VA 23452</p> |
| <p>Mark appropriate box unless area below is blank:<br/> <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" type="checkbox"/> Delete information</p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: LAURA WENSLA<br/>         TITLE: SECRETARY<br/>         ADDRESS: 317 S WITCHDUCK ROAD<br/>         CITY/ST/ZIP: VA BCH, VA 23462</p>                          | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:<br/> <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:<br/>         TITLE:<br/>         ADDRESS:<br/>         CITY/ST/ZIP:</p>   |
| <p>Mark appropriate box unless area below is blank:<br/> <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: CHARLES E WARREN<br/>         TITLE: DIRECTOR<br/>         ADDRESS: 920 ARTESIA WAY<br/>         CITY/ST/ZIP: VA BEACH, VA 23456</p>                          | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:<br/> <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:<br/>         TITLE:<br/>         ADDRESS:<br/>         CITY/ST/ZIP:</p>   |

