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Date: 12/04/2014

Pages including cover sheet: 6

To:	+17572402623
Phone	
Fax Number	+17572402623

Cox and Cox Attorneys
Cox and Cox Attorneys
P.O. Box 9310
Virginia Beach
VA 23450
+1 (757) 486-4650
(757) 463-6022

NOTE:

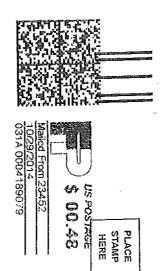
PLEASE CALL TO CONFIRM RECEIPT - VA Peninsula NARPM



CORPORATION PAYMENTS ONLY

Cox and Cox, Attorneys 101 N. Lynnhaven Rd Suite 105 Virginia Beach Va. 23452

STATE CORPORATION COMMISSION CLERK'S OFFICE P.O. BOX 7607 MERRIFIELD VA 22116-7607



ANNUAL REGISTRATION FEE - PAYMENT COUPON

STATE CORPORATION COMMISSION

bis9 thuomA ease Date of the D	InemssessA
Virginia Peninsula Chapter, National Association of Residential Property Managers, Inc.	Z-6E991/90
Jess Enilty Name	SCC ID No: Busin

625.00	October 31, 2014	\$32.00	Alos ,l šsuguA	\$10Z
bls9 truomA	eta Dud inemys 7	euG inuomÁ lsio∓	Date of Assessment	InemseeseA TeeY

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A penalty will be imposed it payment of the total amount due has not been <u>received</u> on or before the payment due date.

3. Send the check and this payment coupon to the State Corporation Commission in the envelope provided. (The mailing address is also listed in the information that follows.)

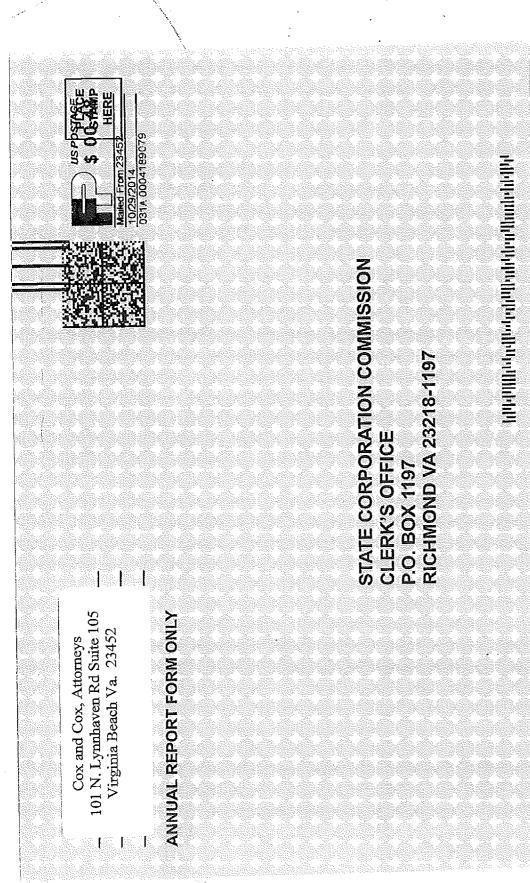
2. Write the Company's SCC ID No. on the front of the check.

 Make the check payable to State Corporation
 Commission.

If payment will be mailed:

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10/38/2014 BRANCH 27328 10/38/2014 BRANCH 27328	
VA PENINSULA CHAPTER, NARPM, INC. 1119 4701 COLUMBUS, STE 200 VIRGINIA BEACH, VA 23462	
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2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



1. CORPORATION NAME:

Virginia Peninsula Chapter, National Association

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

4. STATE OR COUNTRY OF INCORPORATION:

of Residential Property Managers, Inc.

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

CARROLLYN C COX 101 N LYNNHAVEN RD VIRGÍNIA BEACH, VA 23452

228-VIRGINIA BEACH CITY

VA-VIRGINIA

DUE DATE: 10/31/14

SCG ID NO .: 0646539-7

5. STOCK INFORMATION

CLASS	AUTHORIZED
	Ī

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

6. PRINCIPAL OFFICE ADDRESS:

If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS:
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:	If the block to the left is blank or conteins incorrect data, please mark appropriate box and enter information below: Correction Addition XAeplacement
OFFICER X DIRECTOR X	OFFICER [X] DIRECTOR [X]
NAME: DAVID WHITLEY TITLE: PRESIDENT ADDRESS: 1030 LOFTIS BOULEVARD, SUITE 200	NAME: AL PATEL TITLE: PRESIDENT ADDRESS: 615 SEA PINE LANE
CITY/ST/ZIP: NEWPORT NEWS, VA 23606	CITY/ST/ZIP: NEWPORT NEWS, VA 23608

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

0009760

It is a Class 1 misdemeaner for any person to sign a document that is talse in any material respect with intent that the document be delivered to the Commission for filling.

2. 4 ANNUAL REPORT CONTINUED

CORPORATION NAME:

Virginia Peninsula Chapter, National Association of Residential Property Managers, Inc.

DUE DATE: 10/31/14 SCC ID NO.: 0646539-7

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)	Att illessibility to apply lated do could desired and an animal
Mark appropriate box unless area below is blank: Information is incorrect 区 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 X DIRECTOR X	OFFICER KI DIRECTOR 🗵
NAME: AL PETEL	NAME: RUSSELL SKIDMORE
TITLE: VICE PRESIDENT	TITLE: PRESIDENT-ELECT
ADDRESS: 1030 LOFTIS BLVD STE 200	ADDRESS: 216 TROY PLACE
CITY/ST/ZIP: NEWPORT NEWS, VA 23606	CITY/ST/ZIP: NEWPORT NEWS, VA 23608
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:
OFFICER IN DIRECTOR IN	OFFICER D DIRECTOR D
NAME: BAYLEE WONG	NAME: BAYLEE WANG
TITLE: SECRETARY	TITLE: SECRETARY
ADDRESS: 5318 DISCOVERY PARK BLVD	ADDRESS: 4980 WEST MULAL DRIVE
CITY/ST/ZIP: WILLIAMSBURG, VA 23188	CITY/ST/ZIP: WILLIAMSBURG, VA 23188
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:
OFFICER DIRECTOR 🛚	OFFICER D DIRECTOR D
NAME: DOYLED HENSON	NAME: PHYLLIS WHITLEY
TITLE: DIRECTOR	TITLE: TREASURER
ADDRESS: 107 HARRIS GROVE LANE	ADDRESS: 156 BARN SWALLOW RIDGE
CITY/ST/ZIP: YORKTOWN, VA 23692	CITY/ST/ZIP: YORKTOWN, VA 23692
Mark appropriate box unless area below is blank; ☐ Information is incorrect ☐ Defete 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:	
HILE.	TITLE:
ADDRESS:	TITLE: ADDRESS:

