

FAX

Date: 12/04/2014

Pages including cover sheet: 6

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NOTE:

PLEASE CALL TO CONFIRM RECEIPT - VA Peninsula NARPM

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

CORPORATION PAYMENTS ONLY

STATE CORPORATION COMMISSION
CLERK'S OFFICE
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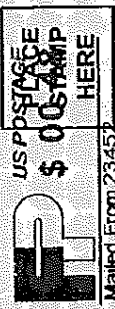


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Cox and Cox, Attorneys
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Virginia Beach Va. 23452

ANNUAL REPORT FORM ONLY

**STATE CORPORATION COMMISSION
CLERK'S OFFICE
P.O. BOX 1197
RICHMOND VA 23218-1197**



2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



1. CORPORATION NAME:

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

DUE DATE: 10/31/14

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

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

SCC ID NO.: 0646539-7

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	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 156 BARN SWALLOW RIDGE	ADDRESS:
CITY/ST/ZIP YORKTOWN, VA 23692	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.

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Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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 checked="" type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: DAVID WHITLEY	NAME: AL PATEL
TITLE: PRESIDENT	TITLE: PRESIDENT
ADDRESS: 1030 LOFTIS BOULEVARD, SUITE 200	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.

David Whitley
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Phyllis Whitley, Treasurer
PRINTED NAME AND CORPORATE TITLE

10/28/14
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.

2014 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)

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: AL PETEL TITLE: VICE PRESIDENT ADDRESS: 1030 LOFTIS BLVD STE 200 CITY/ST/ZIP: NEWPORT NEWS, VA 23606	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: RUSSELL SKIDMORE TITLE: PRESIDENT-ELECT ADDRESS: 216 TROY PLACE CITY/ST/ZIP: NEWPORT NEWS, VA 23608
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	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: BAYLEE WONG TITLE: SECRETARY ADDRESS: 5318 DISCOVERY PARK BLVD CITY/ST/ZIP: WILLIAMSBURG, VA 23188	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: BAYLEE WANG TITLE: SECRETARY ADDRESS: 4980 WEST MULAL DRIVE CITY/ST/ZIP: WILLIAMSBURG, VA 23188
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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DOYLE D HENSON TITLE: DIRECTOR ADDRESS: 107 HARRIS GROVE LANE CITY/ST/ZIP: YORKTOWN, VA 23692	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: PHYLLIS WHITLEY TITLE: TREASURER ADDRESS: 156 BARN SWALLOW RIDGE CITY/ST/ZIP: YORKTOWN, VA 23692
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:

