

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08447542
Filing Number: 2104083130099
Filing Date/Time: 04/08/2021 02:12 PM
Effective Date/Time: 04/08/2021 02:12 PM



1. CORPORATION NAME:
North Pointe Commercial Owners' Association
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
GREAT EASTERN MANAGEMENT COMPANY
2619 HYDRAULIC RD
CHARLOTTESVILLE, VA 22906-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
003-ALBEMARLE COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **05/31/21**

SCC ID NO.: **0844754-2**

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 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: 2619 Hydraulic Rd	ADDRESS:
CITY/ST/ZIP Charlottesville, VA 22901-2313	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"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: DAVID MITCHELL	NAME:
TITLE:	TITLE:
ADDRESS: 2619 HYDRAULIC ROAD	ADDRESS: <i>No officers</i>
CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-0000	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

David Mitchell Director
PRINTED NAME AND CORPORATE TITLE

3/29/21
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.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
North Pointe Commercial Owners' Association

DUE DATE: **05/31/21**
SCC ID NO.: **0844754-2**

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.

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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JOHN NEAL TITLE: ADDRESS: 2619 HYDRAULIC ROAD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: <i>No officers</i> ADDRESS: CITY/ST/ZIP:
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: FORREST MITCHELL TITLE: ADDRESS: 2619 HYDRAULIC ROAD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: <i>No officers</i> ADDRESS: CITY/ST/ZIP:
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