

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07861008
Filing Number: 2111303913043
Filing Date/Time: 11/30/2021 09:49 AM
Effective Date/Time: 11/30/2021 09:49 AM



1. CORPORATION NAME:
Park Place Condominiums Blacksburg, Inc. DUE DATE: 012/31/21
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY. SCC ID NO.: 0786100-8
JOHN N SPICER
504 SOUTH MAIN ST
BLACKSBURG, VA 24060-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
121-MONTGOMERY COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia
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: 331 W Main St Ste A	ADDRESS:
CITY/ST/ZIP RADFORD, VA 24141-1543	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 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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: CHARLES B CARTER TITLE: President ADDRESS: 5100 DRAYTON DR CITY/ST/ZIP: GLEN ALLEN, VA 23060-	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Robert J. Howe TITLE: President ADDRESS: 106 South Ln. CITY/ST/ZIP: Yorktown, VA 23693

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

PRINTED NAME AND CORPORATE TITLE

11-3-2021
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:
Park Place Condominiums Blacksburg, Inc.

DUE DATE: **012/31/21**
SCC ID NO.: **0786100-8**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>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</p>	<p>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</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JERRY WARNER TITLE: Vice President ADDRESS: 70 LIME KILE ROAD CITY/ST/ZIP: CHURCHVILLE, VA 24421-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Francis C. Jones</i> TITLE: <i>Member charge</i> ADDRESS: <i>189 MANASSAS DR.</i> CITY/ST/ZIP: <i>MANASSAS PARK, VA 20111</i></p>
<p>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</p>	<p>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</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KARLY PICKETT TITLE: Secretary ADDRESS: 404 ALGONQUIN COURT CITY/ST/ZIP: BLACKSBURG, VA 24060-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Stephen Schmid</i> TITLE: <i>Member charge</i> ADDRESS: <i>437 Eisenhower St.</i> CITY/ST/ZIP: <i>Knoxville, TN 37934</i></p>
<p>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</p>	<p>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</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JEFF DOUGHTY TITLE: Treasurer ADDRESS: 12606 HOGANS ALLEY CITY/ST/ZIP: CHESTER, VA 23836-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</p>	<p>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</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CHARLES B CARTER TITLE: <i>Member charge</i> ADDRESS: 212 BRUSH MOUNTAIN ROAD CITY/ST/ZIP: BLACKSBURG, VA 24060-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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