

2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02798445
Filing Number: 2211095142495
Filing Date/Time: 11/09/2022 01:19 PM
Effective Date/Time: 11/09/2022 01:19 PM

 CORPORATION NAME: INDEPENDENCE SQUARE OWNERS ASSOCIATION, INC.

DUE DATE: 012/31/22

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

SCC ID NO .: 0279844-5

GAYLE B MATTHEWS 108 EAST BROAD STREET FALLS CHURCH, VA 22046-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES:

- CITY OR COUNTY OF VA REGISTERED OFFICE:
 610-FALLS CHURCH CITY (FILED I
- 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:

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: 108 E Broad St	ADDRESS:
	= 5
- 14 H	**************************************
CITY/ST/ZIP FALLS CHURCH, VA 22046-4501	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: 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: Correction Addition Replacement
OFFICER I DIRECTOR I	OFFICER DIRECTOR
NAME: PAUL CANNON	NAME:
TITLE: President	TITLE:
ADDRESS: 104-A EAST BROAD STREET	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000	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

PRINTED NAME AND CORPORATE TITLE

11/2/2022

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.

2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:

INDEPENDENCE SQUARE OWNERS ASSOCIATION, INC.

DUE DATE:

012/31/22

SCC ID NO .:

0279844-5

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.

7. DIFFEOTORS AND PRINCIPAL OFFICERS. (Continued)	An individual may be designated as both a director and an officer.
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: Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME: KENNETH J MAHON	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 235 NE 1ST PH 6	ADDRESS:
CITY/ST/ZIP: DELRAY BEACH, FL 33444-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information	Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME: GORDON W THEISZ	NAME:
TITLE: Secretary	TITLE:
ADDRESS: 124-A EAST BROAD STREET	ADDRESS:
CITY/ST/ZIP: Falls Church, VA 22046-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct Information Info	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
	box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☑ DIRECTOR ☑	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☑ DIRECTOR ☑ NAME: GAYLE B MATTHEWS	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:
□ Information is correct □ Information is incorrect □ Delete information OFFICER ☑ DIRECTOR ☑ NAME: GAYLE B MATTHEWS TITLE: Treasurer	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:
OFFICER DIRECTOR NAME: GAYLE B MATTHEWS TITLE: Treasurer ADDRESS: 108 EAST BROAD STREET	box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS:
OFFICER DIRECTOR NAME: GAYLE B MATTHEWS TITLE: Treasurer ADDRESS: 108 EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000 Mark appropriate box unless area below is blank:	DIRECTOR DIR
OFFICER DIRECTOR NAME: GAYLE B MATTHEWS TITLE: Treasurer ADDRESS: 108 EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000 Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	DIRECTOR DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: 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 NAME: GAYLE B MATTHEWS TITLE: Treasurer ADDRESS: 108 EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000 Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR	DIRECTOR DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: 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 NAME:
OFFICER DIRECTOR NAME: GAYLE B MATTHEWS TITLE: Treasurer ADDRESS: 108 EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000 Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information OFFICER DIRECTOR NAME: JIM DEFAY	DIRECTOR DIR

