

**2022 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 07861008  
Filing Number: 2212065232101  
Filing Date/Time: 12/06/2022 03:55 PM  
Effective Date/Time: 12/06/2022 03:55 PM



1. CORPORATION NAME:  
Park Place Condominiums Blacksburg, Inc.

DUE DATE: **012/31/22**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
JOHN N SPICER  
504 SOUTH MAIN ST  
BLACKSBURG, VA 24060-0000

SCC ID NO.: **0786100-8**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
121-MONTGOMERY COUNTY

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 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.

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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: ROBERT J LOWE	NAME:
TITLE: President	TITLE:
ADDRESS: 106 SETH LN	ADDRESS:
CITY/ST/ZIP: YORKTOWN, VA 23693-	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

JERRY T WARNER V.P.  
PRINTED NAME AND CORPORATE TITLE

11/6/2022  
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:  
Park Place Condominiums Blacksburg, Inc.

DUE DATE: 012/31/22  
SCC ID NO.: 0786100-8

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.

<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 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 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 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 checked="" 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 checked="" 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 type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CHARLES B CARTER TITLE: MEMBER CHARGE ADDRESS: 212 BRUSH MOUNTAIN ROAD CITY/ST/ZIP: Blacksburg, VA 24060-0000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Frank Jones</i> TITLE: <i>Member @ charge</i> ADDRESS: <i>189 Manassas Dr.</i> CITY/ST/ZIP: <i>Manassas Park, VA 20111</i></p>

