

**2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02643757
Filing Number: 191227000000
Filing Date/Time: 12/27/2019 03:35 PM
Effective Date/Time: 12/27/2019 03:35 PM



1. CORPORATION NAME:
TOWNS ON THE GREENS HOMEOWNERS ASSOCIATION, INC. DUE DATE: **12/31/19**
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY. SCC ID NO.: **0264375-7**
SARA J ROSS
CHADWICK, WASHINGTON, MORIARTY ET AL
3201 JERMANTOWN RD STE 600
FAIRFAX, VA 22030
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX 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 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: PO BOX 1443 CITY/ST/ZIP HERNDON, VA 20172	ADDRESS: 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 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JOSE GABRIAL RODRIGUEZ TITLE: PRESIDENT ADDRESS: 1156 LISA COURT CITY/ST/ZIP: HERNDON, VA 20170	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <i>Jose Gabriel Rodriguez</i> TITLE: <i>President</i> ADDRESS: <i>1154 Lisa Ct</i> CITY/ST/ZIP: <i>Herndon VA 20170</i>

I affirm that the information contained in this report is accurate and complete as of the date below.

Tim Ludwinski
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Tim Ludwinski - Secretary
PRINTED NAME AND CORPORATE TITLE

12/23/19
DATE



2019 ANNUAL REPORT CONTINUED

Commonwealth of Virginia
 State Corporation Commission
 Office of the Clerk
 Entity ID: 02643757
 Filing Number: 191227000000
 Filing Date/Time: 12/27/2019 03:35 PM
 Effective Date/Time: 12/27/2019 03:35 PM
 SCC ID NO.: 0264375-7

CORPORATION NAME:
 TOWNS ON THE GREENS HOMEOWNERS ASSOCIATION, INC.

DUE DATE: 12/27/2019
 SCC ID NO.:

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 type="checkbox"/> Information is correct <input checked="" 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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JUAN VELASCO TITLE: VICE PRESIDENT ADDRESS: 1163 LISA CT CITY/ST/ZIP: HERNDON, VA 20170</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Albis Gutierrez TITLE: Treasurer ADDRESS: 1163 Lisa Ct CITY/ST/ZIP: Herndon VA 20170</p>
<p>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</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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: KATHLEEN SPIEGELBERG TITLE: TREASURER ADDRESS: 1160 LISA COURT CITY/ST/ZIP: HERNDON, VA 20170</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Alexander Suarez TITLE: Vice President ADDRESS: 1161 Lisa Ct CITY/ST/ZIP: Herndon VA 20170</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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TIM LUDWINSKI TITLE: SECRETARY ADDRESS: 1156 LISA COURT CITY/ST/ZIP: HERNDON, VA 20170</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</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>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

0002170

