

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 01184597  
Filing Number: 200330500530  
Filing Date/Time: 03/30/2020 04:48 PM  
Effective Date/Time: 03/30/2020 04:48 PM

1. CORPORATION NAME: CAVALIER PARK-BAY COLONY COMMUNITY LEAGUE INCORPORATED  
DUE DATE: **11/30/19**
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY. STEPHEN A STRICKLER  
575 LYNNHAVEN PKWY STE 200 VIRGINIA BEACH, VA 23452  
SCC ID NO.: **0118459-7**
5. TOTAL NUMBER OF AUTHORIZED SHARES:
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 228-VIRGINIA BEACH CITY
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: 1204 ROTHESAY RD.  CITY/ST/ZIP VIRGINIA BEACH, VA 23451	ADDRESS: <i>1105 Chumley Rd</i>  CITY/ST/ZIP <i>VA BEACH, VA 23451</i>

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 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 type="checkbox"/> NAME: THOMAS QUATTLEBAUM TITLE: PRESIDENT ADDRESS: 1124 E. BAY SHORE DR. CITY/ST/ZIP: VIRGINIA BEACH, VA 23451	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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

*[Signature]*      *Thomas Quattlebaum President*      *3/26/20*  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT      PRINTED NAME AND CORPORATE TITLE      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.

2019 ANNUAL REPORT CONTINUED

Commonwealth of Virginia  
 State Corporation Commission  
 Office of the Clerk  
 Entity ID: 01184597  
 Filing Number: 200330500530  
 Filing Date/Time: 03/30/2020 04:48 PM  
 Effective Date/Time: 03/30/2020 04:48 PM

CORPORATION NAME:  
 CAVALIER PARK-BAY COLONY COMMUNITY LEAGUE  
 INCORPORATED

DUE DATE: 03/30/2019  
 SCC ID NO.: 0118459-7

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.

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	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 type="checkbox"/>  NAME: WILL YEARICK TITLE: TREASURER ADDRESS: 1108 CHULEY RD. CITY/ST/ZIP: VIRGINIA BEACH, VA 23451	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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	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 type="checkbox"/>  NAME: WILLIAM DAVIDSON TITLE: SECRETARY ADDRESS: 1433 E. BAY SHORE DR. CITY/ST/ZIP: VA BCH, VA 23451	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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	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: DAN PROULX TITLE: DIRECTOR ADDRESS: 1112 E. BAY SHORE DR. CITY/ST/ZIP: VA BEACH, VA 23451	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: 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: <i>Debbie Lou Hague</i> TITLE: <i>Director</i> ADDRESS: <i>1105 Chumley Rd</i> CITY/ST/ZIP: <i>VA BEACH, VA 23451</i>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0008242

