

**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08447542
Filing Number: 200427595217
Filing Date/Time: 04/27/2020 03:36 PM
Effective Date/Time: 04/27/2020 03:36 PM

1. CORPORATION NAME:
North Pointe Commercial Owners' Association
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
GREAT EASTERN MANAGEMENT COMPANY
2619 HYDRAULIC RD
CHARLOTTESVILLE, VA 22906-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
003-ALBEMARLE
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia
- DUE DATE: **05/31/20**
- SCC ID NO.: **0844754-2**
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: 2619 HYDRAULIC ROAD | ADDRESS: |
| CITY/ST/ZIP CHARLOTTESVILLE, VA 22906-0000 | 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 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"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: FORREST MITCHELL | NAME: |
| TITLE: | TITLE: |
| ADDRESS: 2619 HYDRAULIC ROAD | ADDRESS: |
| CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-0000 | 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

Paul Mitchell Director
 PRINTED NAME AND CORPORATE TITLE

3/27/20
 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.

2020 ANNUAL REPORT CONTINUED

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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| | |
|---|--|
| <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 checked="" type="checkbox"/></p> <p>NAME: DAVID MITCHELL TITLE: ADDRESS: 2619 HYDRAULIC ROAD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-0000</p> | <p>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 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 checked="" type="checkbox"/></p> <p>NAME: JOHN NEAL TITLE: ADDRESS: 2619 HYDRAULIC ROAD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-0000</p> | <p>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 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"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> <p><i>4/23/20 NO OFFICERS</i></p> | <p>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 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"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> | <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> |

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