


Batch Detail Report

Lockbox Name: CLK Corporate/CLK CORP
 Lockbox #: 3678
 Deposit Date: 11/20/2020
 Site Code: BAL


Batch #: 18
 Transaction #: 3
 Sequence #: 4

Commonwealth of Virginia
 State Corporation Commission
 Office of the Clerk
 Entity ID: 07861008
 Filing Number: 2012022654675
 Filing Date/Time: 12/02/2020 10:12 AM
 Effective Date/Time: 12/02/2020 10:12 AM

FRONT IMAGE - DOCUMENT



2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



1. CORPORATION NAME: Park Place Condominiums Blacksburg, Inc. DUE DATE: 12/31/20

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

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 121-MONTGOMERY 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: 331-A WEST MAIN STREET	ADDRESS:
CITY/ST/ZIP RADFORD, VA 24141-0000	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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: CHARLES CARTER	NAME:
TITLE: President	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	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 PRINTED NAME AND CORPORATE TITLE	11/2/2020 DATE
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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.

Batch Detail Report

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FRONT IMAGE - DOCUMENT

2020 ANNUAL REPORT CONTINUED	
CORPORATION NAME: Park Place Condominiums Blacksburg, Inc.	DUE DATE: 12/31/20 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.	
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 checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JERRY WARNER TITLE: Vice President ADDRESS: 70 LIME KILE ROAD CITY/ST/ZIP: CHURCHVILLE, VA 24421-0000	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: KARLY PICKETT TITLE: Secretary ADDRESS: 404 ALGONQUIN COURT CITY/ST/ZIP: BLACKSBURG, VA 24060-0000	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JEFF DOUGHTY TITLE: Treasurer ADDRESS: 12606 HOGANS ALLEY CITY/ST/ZIP: CHESTER, VA 23836-0000	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: CHARLES B CARTER TITLE: President ADDRESS: 212 BRUSH MOUNTAIN ROAD CITY/ST/ZIP: BLACKSBURG, VA 24060-0000	NAME: CHARLES B CARTER TITLE: ADDRESS: 5100 DRAYTON DR CITY/ST/ZIP: GLEN ALLEN, VA. 23060

