

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02798445
Filing Number: 2101132788690
Filing Date/Time: 01/13/2021 03:33 PM
Effective Date/Time: 01/13/2021 03:33 PM



1. CORPORATION NAME:
INDEPENDENCE SQUARE OWNERS ASSOCIATION, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
GAYLE B MATTHEWS
108 EAST BROAD STREET
FALLS CHURCH, VA 22046-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
610-FALLS CHURCH CITY (FILED I
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **12/31/20**

SCC ID NO.: **0279844-5**

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: 108 EAST BROAD STREET CITY/ST/ZIP FALLS CHURCH, VA 22046-0000	ADDRESS: CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

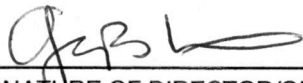
All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input 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: PAUL CANNON TITLE: President ADDRESS: 104-A EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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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

Gayle B. Matthews Director
PRINTED NAME AND CORPORATE TITLE

1/11/21
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

CORPORATION NAME:
INDEPENDENCE SQUARE OWNERS ASSOCIATION, INC.

DUE DATE: **12/31/20**
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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: KENNETH J MAHON TITLE: Vice President ADDRESS: 235 NE 1ST PH 6 CITY/ST/ZIP: DELRAY BEACH, FL 33444-0000</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: GORDAN W THEISZ TITLE: Secretary ADDRESS: 124-A EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000</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: GAYLE B MATTHEWS TITLE: Treasurer ADDRESS: 108 EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000</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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JIM DEFAY TITLE: ADDRESS: 116-A EAST BROAD STREET CITY/ST/ZIP: FALLS CHURCH, VA 22046-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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