

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

Commonwealth of Virginia  
 State Corporation Commission  
 Office of the Clerk  
 Entity ID: 01300409  
 Filing Number: 200311442678  
 Filing Date/Time: 03/11/2020 02:34 PM  
 Effective Date/Time: 03/11/2020 02:34 PM

1. CORPORATION NAME:

**SPRINGFIELD STATION HOMEOWNERS ASSOCIATION, INC.**

DUE DATE: January 31, 2020

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: 01300409

Officer of the Corporation

DONNA MCCRAITH

5. TOTAL NUMBER OF AUTHORIZED SHARES: 0

8712 WHITSON CT  
 SPRINGFIELD, VA, 22153 - 0000, USA

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX

4. STATE OR COUNTRY OF INCORPORATION:

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: 8712 WHITSON COURT	ADDRESS: 8811 AQUARY COURT
CITY/ST/ZIP: SPRINGFIELD, VA, 22153 - 0000	CITY/ST/ZIP: SPRINGFIELD, VA 22153

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
<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN BUCKNER	NAME:
TITLE: President	TITLE:
ADDRESS: 7306 REDBRIDGE COURT	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000	CITY/ST/ZIP:

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



DAN GERMAIN, SECRETARY

2/14/2020

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.

**2020 ANNUAL REPORT CONTINUED**

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<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: DONNA MCCRAITH TITLE: Vice President ADDRESS: 8712 WHITSON COURT CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000	. OFFICER      . DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct - Information is incorrect - Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: - Correction - Addition - Replacement
<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: GEOFFREY BALLOU TITLE: Treasurer ADDRESS: 8724 WHITSON COURT CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000	. OFFICER      . DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: - Information is correct - <input checked="" type="checkbox"/> Information is incorrect - 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 - Addition - Replacement
<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: JON CARLO TRUJILLO TITLE: Secretary ADDRESS: 8831 APPLECROSS LANE CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: JON CARLO TRUJILL TITLE: BOD: MEM AT LARG ADDRESS: 8831 APPLECROSS LANE CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000
Mark appropriate box unless area below is blank: - Information is correct - <input checked="" type="checkbox"/> Information is incorrect - 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 - Addition - Replacement
<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: DAN GERMAIN TITLE: BOD:MEM AT LARG ADDRESS: 8811 AQUARY CT. CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: DAN GERMAIN TITLE: SECRETARY ADDRESS: 8811 AQUARY CT. CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000
Mark appropriate box unless area below is blank: - Information is correct - Information is incorrect - Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: - Correction - <input checked="" type="checkbox"/> Addition - Replacement
OFFICER      DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: JOHN GIULIANI TITLE: VICE PRESIDENT ADDRESS: 8733 ARLEY DR CITY/ST/ZIP: SPRINGFIELD, VA 22153-0000

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OFFICER                      DIRECTOR	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME:	NAME:                      MANUEL PABLO
TITLE:	TITLE:                      BOD: MEM AT LARG
ADDRESS:	ADDRESS:                      8739 CUTTERMILL PLACE
CITY/ST/ZIP:	CITY/ST/ZIP:                      SPRINGFIELD, VA 22153-0000

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OFFICER                      DIRECTOR	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME:	NAME:                      VICTORIA JOHNSON
TITLE:	TITLE:                      BOD: MEM AT LARG
ADDRESS:	ADDRESS:                      8840 APPLECROSS LANE
CITY/ST/ZIP:                      SPRINGFIELD, VA 22153-0000	CITY/ST/ZIP:                      SPRINGFIELD, VA 22153-0000