

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 05948880  
Filing Number: 200327493546  
Filing Date/Time: 03/27/2020 02:48 PM  
Effective Date/Time: 03/27/2020 02:48 PM



1. CORPORATION NAME:

Highland Place Community Association, Inc.

DUE DATE: **04/30/20**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

STEVEN J DONOFRIO  
PO BOX 1603  
KILMARNOCK, VA 22482-0000

SCC ID NO.: **0594888-0**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

133-NORTHUMBERLAND

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: PO BOX 1603   | ADDRESS:  |
| CITY/ST/ZIP KILMARNOCK, VA 22482-0000                                    | 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:<br><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: ROGER GRUBEN  | NAME:   |
| TITLE: President  | TITLE:  |
| ADDRESS: PO BOX 1603  | ADDRESS:  |
| CITY/ST/ZIP: KILMARNOCK, VA 22482-0000  | CITY/ST/ZIP:  |

0005241



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

STEVEN DONOFRIO, TREASURER  
PRINTED NAME AND CORPORATE TITLE

3/19/20  
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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| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/><br><br>NAME: STEVEN J DONOFRIO<br>TITLE: Treasurer<br>ADDRESS: 405 YOPPS COVE ROAD<br>CITY/ST/ZIP: WHITE STONE, VA 22578-0000 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:   |
| Mark appropriate box unless area below is blank:<br><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"/><br><br>NAME: BETTE GRUBIN<br>TITLE: Secretary<br>ADDRESS: 150 JORDAN LANE<br>CITY/ST/ZIP: KILMARNOCK, VA 22482-0000           | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/><br><br>NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP:   |
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