



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



00696623

DUE ON OR BEFORE 04/18/2003

FY02-03

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

RECEIVED

APR 30 2003

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

1. -0120480-0

MARYLAND HEIGHTS II AMENDED ASSOCIATION, INC.  
2715 W NORTHERN AVE #107  
PHOENIX, AZ 85051-6641

Business Phone: \_\_\_\_\_ (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Statutory Agent: NEW HORIZON MANAGEMENT  
Mailing Address: 2715 W NORTHERN AVE #107  
City, State, Zip: PHOENIX, AZ 85051-6641

Physical Address, If Different.  
Physical Address:  
City, State, Zip:

ACC USE ONLY	
Fee	\$ 10.00
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

IPR  
5/2/03

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

\_\_\_\_\_  
Signature of new Statutory Agent

3. Secondary Address: 587516  
(Foreign Corporations are **REQUIRED** to complete this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

- | BUSINESS CORPORATIONS                           |  | NON-PROFIT CORPORATIONS   |
|---|--|---|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   | 1. <input type="checkbox"/> Charitable                          |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          | 2. <input type="checkbox"/> Benevolent                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      | 3. <input type="checkbox"/> Educational                         |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  | 4. <input type="checkbox"/> Civic                               |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             | 5. <input type="checkbox"/> Political                           |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              | 6. <input type="checkbox"/> Religious                           |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     | 7. <input type="checkbox"/> Social                              |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  | 8. <input type="checkbox"/> Literary                            |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    | 9. <input type="checkbox"/> Cultural                            |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                | 10. <input type="checkbox"/> Athletic                           |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          | 11. <input type="checkbox"/> Science/Research                   |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           | 12. <input type="checkbox"/> Hospital/Health Care               |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             | 13. <input type="checkbox"/> Agricultural                       |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                | 14. <input type="checkbox"/> Animal Husbandry                   |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     | 15. <input checked="" type="checkbox"/> Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  | 16. <input type="checkbox"/> Professional, commercial           |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       | industrial or trade association                                 |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | 17. <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |   |

5. CAPITALIZATION: (Business Corporations and Business Trusts are REQUIRED to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued. Please Print or Type Clearly.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

N/A

Number of Shares/Certificates Issued Class Series Within Class (if any)

N/A

6. SHAREHOLDERS: (Business Corporations and Business Trusts are REQUIRED to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. Please Type or Print Clearly.

Name: Name:

NONE [X]

Name: Name:

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: Name: SEE ATTACHED SCHEDULE.

Title: Title:

Address: Address:

Date taking office: Date taking office:

Name: Name:

Title: Title:

Address: Address:

Date taking office: Date taking office:

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Name: SEE ATTACHED SCHEDULE.

Address: Address:

Date taking office: Date taking office:

Name: Name:

Address: Address:

Date taking office: Date taking office:

MARYLAND HEIGHTS II  
BOARD OF DIRECTORS

OFFICERS:

PRESIDENT FULLFILLING TERM, ACTING David Patrick

VICE PRESIDENT FULLFILLING TERM ACTING Shannon  
Lefebvre

TREASURE FULLFILLING TERM ACTING Myrna Poe

SECRETARY FULLING TERM ACTING Julia Conner

Addresses for the above are in the care of the following address:

C/O New Horizon Management  
2715 W. Northern Ave. Suite #107  
Phoenix, AZ 85051-6641

0120480-0

# C & J Raymond, CPAs, LLP

Clyde H. Raymond, CPA  
Joann Raymond, CPA

Members of AMERICAN INSTITUTE OF CPAs (AICPA)  
Member of COMMUNITY ASSOCIATIONS INSTITUTE (CAI)  
6728 East Avalon Drive, Suite A, Scottsdale, AZ 85251-7100

Phone: (480) 949-7862  
Fax: (480) 675-0132  
Web: www.raymondcpa.com

March 27, 2003

Arizona Corporation Commission

Re: Annual report of Maryland Heights II Amended  
Association, Inc.  
As of December 31, 2002

We have compiled the statement of financial condition - balance sheet (Section H) on the cash basis of the above named corporation for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements of Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is representation of management. We have not audited or reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance.

This financial statement is presented in accordance with the requirements of the Arizona Corporation Commission, which differs from generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.

*C & J Raymond, CPAs, LLP*

Certified Public Accountants

Maryland Heights II Amended Association, Inc.

#0120480-0

**BALANCE SHEET**  
(Cash Basis)

**ASSETS**

## Current Assets:

Cash	<u>\$19,909</u>
Trade notes and accounts receivable (less allowance for bad debts)	<u>          </u>
Inventories	<u>          </u>
Other current assets	<u>          </u>
<b>Total Current Assets</b>	<b><u>\$19,909</u></b>

Land, buildings and other fixed assets  
(net of accumulated depreciation)          

Other long-term assets

          **Total Assets****\$19,909****LIABILITIES**

## Current Liabilities:

Accounts Payable	<u>\$0</u>
Mortgage, notes bonds (payable in less than 1 year)	<u>          </u>
Other current liabilities	<u>          </u>
<b>Total Current Liabilities</b>	<b><u>\$0</u></b>

Mortgage, notes bonds (payable in more than 1 year)

## Fund Balances:

Restricted	<u>          </u>
Unrestricted	<u>19,909</u>
<b>Total Fund Balances</b>	<b><u>19,909</u></b>

**Total Liabilities and Fund Balances****\$19,909**

Unaudited - see Accountants' Compilation Report.

**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6)** Only Nonprofit Corporations must answer this question.

This corporation **DOES**  **DOES NOT**  have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:  
[Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked: **YES**  **NO**

If "YES", the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)**

A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: **YES**  **NO**

B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to business corporations only]

One box **must** be marked: **YES**  **NO**

If "YES" to A and/or B, the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name  DAVID PATRICK Date 4/29/03 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature [Signature] Signature \_\_\_\_\_

Title Acting President Title \_\_\_\_\_

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)