



WEB FORM COPY

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



02524611



DUE ON OR BEFORE 04/18/2008

FY07-08

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 on page 4 for proper format.

1. -0120480-0

MARYLAND HEIGHTS II AMENDED ASSOCIATION, INC. % FARRMONT REALTY GROUP INC 320 E MCDOWELL RD #300 PHOENIX, AZ 85004

RECEIVED

AUG 15 2008

ARIZONA CORP COMMISSION CORPORATIONS DIVISION

Business Phone: (Business phone is optional.)

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

2. Statutory Agent: LEE B FARRIS Physical Address, If Different. Mailing Address: 320 E MCDOWELL RD #300 Physical Address: City, State, Zip: PHOENIX, AZ 85004 City, State, Zip:

ACC USE ONLY Fee \$ Penalty \$ Reinstatement \$ Expedite \$ Resubmit \$

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 Printed Name of new Statutory Agent

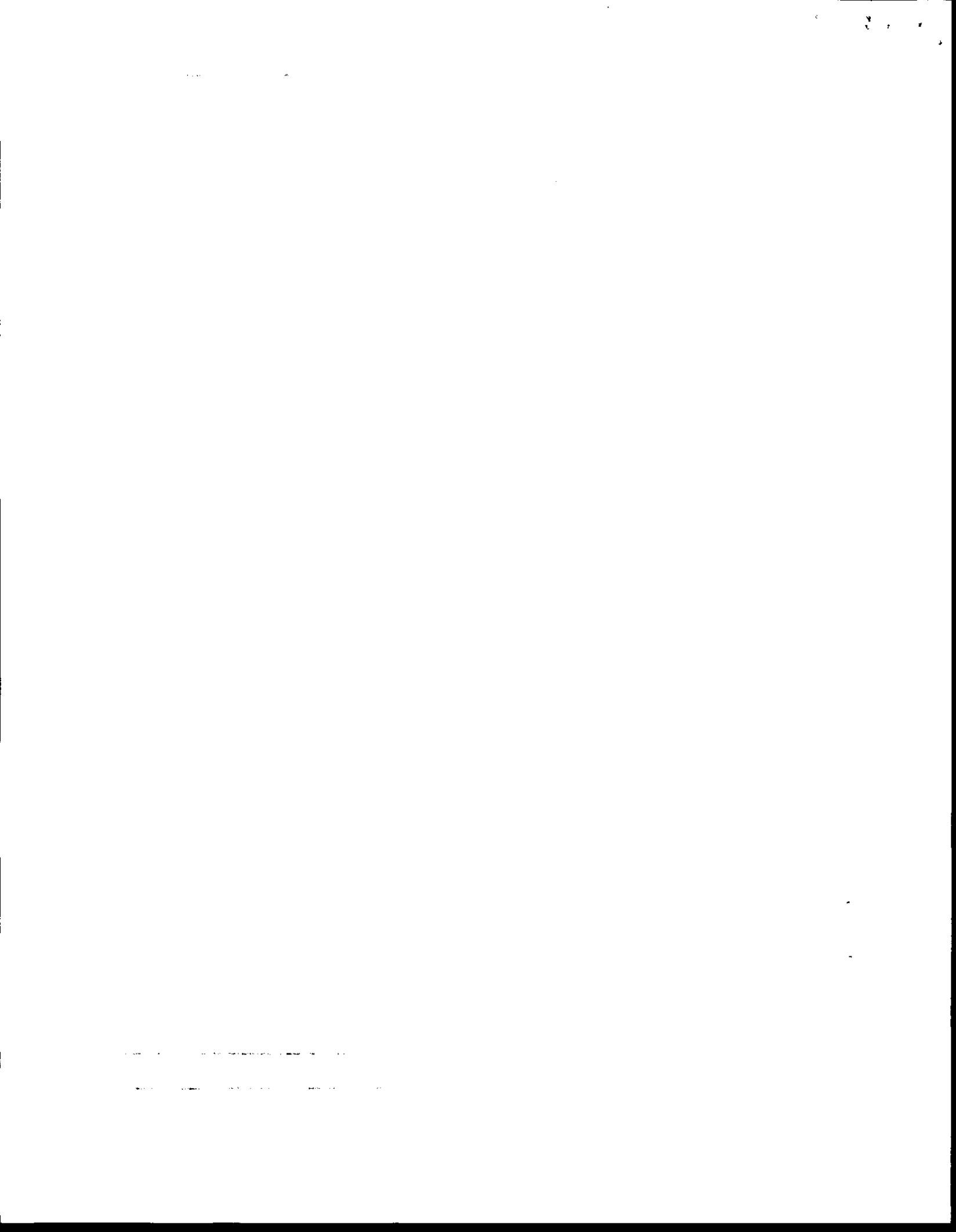
3. Secondary Address:

(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 1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 8. Construction 9. Contractor 10. Credit/Collection 11. Education 12. Engineering 13. Entertainment 14. General Consulting 15. Health Care 16. Hotel/Motel 17. Import/Export 18. Insurance 19. Legal Services 20. Manufacturing 21. Mining 22. News Media 23. Pharmaceutical 24. Publishing/Printing 25. Ranching/Livestock 26. Real Estate 27. Restaurant/Bar 28. Retail Sales 29. Science/Research 30. Sports/Sporting Events 31. Technology(Computers) 32. Technology(General) 33. Television/Radio 34. Tourism/Convention Services 35. Transportation 36. Utilities 37. Veterinary Medicine/Animal Care 38. Other

- NON-PROFIT CORPORATIONS 1. Charitable 2. Benevolent 3. Educational 4. Civic 5. Political 6. Religious 7. Social 8. Literary 9. Cultural 10. Athletic 11. Science/Research 12. Hospital/Health Care 13. Agricultural 14. Animal Husbandry 15. Homeowner's Association 16. Professional, commercial industrial or trade association 17. 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 PRINT OR TYPE CLEARLY.

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
0		
0		

5b. 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**.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
0		
0		

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.

NONE
 Name: _____ Name: _____
 Name: _____ Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u>Susan Snyder</u>	Name: _____
Title: <u>PRESIDENT</u>	Title: _____
Address: <u>4531W MCLELLAN RD</u>	Address: _____
<u>GLENDAL, AZ 85301</u>	_____

Date taking office: <u>04/08</u>	Date taking office: _____
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____

Date taking office: _____	Date taking office: _____
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8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u>DAVID Patrick</u>	Name: _____
Address: <u>4535 W MCLELLAN RD</u>	Address: _____
<u>Glendale, AZ 85301</u>	_____

Date taking office: <u>04/08</u>	Date taking office: _____
Name: _____	Name: _____
Address: _____	Address: _____

Date taking office: _____	Date taking office: _____
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MARYLAND HEIGHTS II

BALANCE SHEET
DECEMBER 31, 2007

*****Assets*****

Cash:

Cash-Checking	\$	826.62	
Cash-Money Market		20,797.45	
		<u>-----</u>	
Total Cash	\$		21,624.07
		<u>-----</u>	
Total Assets	\$		<u>=====</u> <u>=====</u> 21,624.07

Liabilities & Equity

Current Liabilities:

Funds Due to Reserve		5,269.78	
		<u>-----</u>	
Total Current Liabilities	\$		5,269.78

Equity:

Operating Reserve		20,797.45	
Retained Earnings		266.47	
Current Earnings		(4,709.63)	
		<u>-----</u>	
Total Equity	\$		16,354.29
		<u>-----</u>	
Total Liability & Equity	\$		<u>=====</u> <u>=====</u> 21,624.07

Prepared by:
FarrMont Realty Group, Inc. AMO

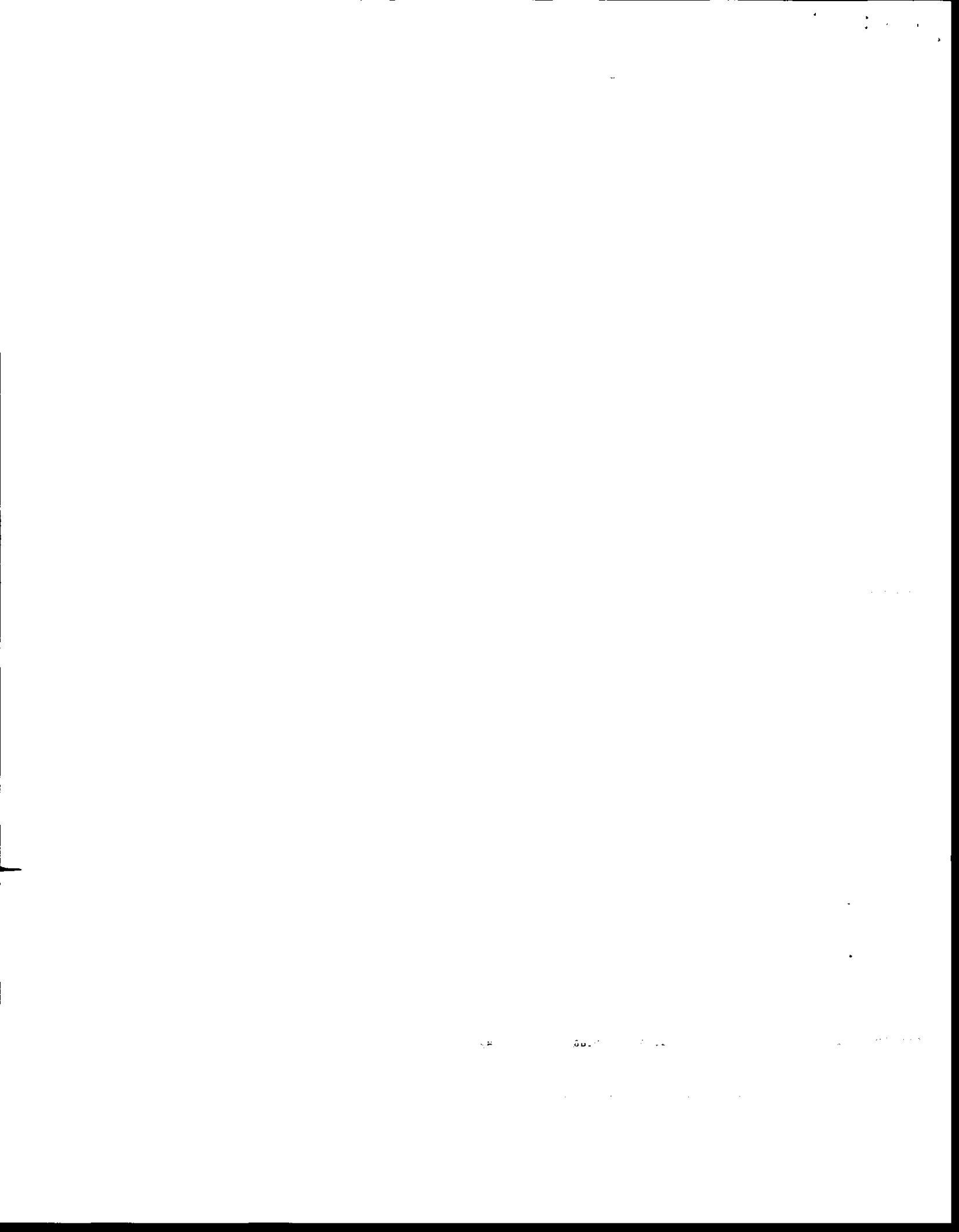


MARYLAND HEIGHTS II

INCOME STATEMENT
PERIOD ENDING DECEMBER 31, 2007

	December	Percent	Year to Date	Percent
Operating Income:				
Monthly Assessment Income	\$ 8,431.00	85.19	\$ 114,371.61	86.08
Total Assessment Income	8,431.00	85.19	114,371.61	86.08
Other Income:				
Insurance Assessment	1,370.00	13.84	16,394.49	12.34
Roof Assessment	0.00	0.00	625.47	0.47
Interest Income	1.16	0.01	20.98	0.02
Rebill Fees	30.00	0.30	367.50	0.28
Late Charges	65.00	0.66	955.50	0.72
Demand Letter	0.00	0.00	75.00	0.06
Miscellaneous Income	0.00	0.00	200.00	0.15
Total Other Income	1,466.16	14.81	18,638.94	14.03
Owner Ledger Adjustments:				
Bad Debt Write Off	0.00	0.00	(147.00)	0.11
Total Ledger Adjustments	0.00	0.00	(147.00)	0.11
Total Income	9,897.16	100.00	132,863.55	100.00
Expense:				
Insurance Expense:				
Property Insurance	1,430.07	14.45	17,744.84	13.36
Total Insurance Expense	1,430.07	14.45	17,744.84	13.36
Property Taxes:				
Common Area Property Tax	0.00	0.00	45.29	0.03
Ttl Common Area Prop. Tax	0.00	0.00	45.29	0.03
Utilities:				
Electricity	753.18	7.61	9,171.29	6.90
Cable TV	0.00	0.00	(507.91)	0.38
Sewer	1,343.14	13.57	17,762.63	13.37
Water	2,520.06	25.46	21,095.60	15.88

Prepared by: FarrMont Realty Group, Inc.



MARYLAND HEIGHTS II

INCOME STATEMENT
PERIOD ENDING DECEMBER 31, 2007

	December	Percent	Year to Date	Percent
Trash Collection	\$ 701.73	7.09	\$ 7,368.29	5.55
<hr/>				
Total Utilities	5,318.11	53.73	54,889.90	41.31
 Pool/Spa:				
Pool/Spa-Contract	270.00	2.73	3,259.82	2.45
Pool/Spa-Supplies	0.00	0.00	466.60	0.35
Pool/Spa-Chemicals	0.00	0.00	422.23	0.32
<hr/>				
Total Pool/Spa Expense	270.00	2.73	4,148.65	3.12
 Landscape:				
Landscape-Contract	1,400.00	14.15	17,896.43	13.47
Landscape-Irrigation	0.00	0.00	3,014.37	2.27
Landscape-Plantings	0.00	0.00	500.00	0.38
Landscape-Winter Grass	0.00	0.00	1,600.00	1.20
Landscape-Fertilizer	0.00	0.00	544.22	0.41
Landscape-Tree Trimming	0.00	0.00	2,305.00	1.73
Landscape-Misc.	0.00	0.00	308.16	0.23
<hr/>				
Total Landscape Expense	1,400.00	14.15	26,168.18	19.70
 Common Area Expense:				
Signs-Replacement	0.00	0.00	661.36	0.50
Pest Control	100.00	1.01	1,200.00	0.90
Roof Repair	805.00	8.13	2,775.00	2.09
Common-On-Site Maint.	0.00	0.00	850.98	0.64
Common-Misc. Maint.	0.00	0.00	1,602.45	1.21
<hr/>				
Total Common Area Exp.	905.00	9.14	7,089.79	5.34
 General & Administrative				
Legal/Lien/Collections	0.00	0.00	1,270.00	0.96
Office Supplies/Storage	0.00	0.00	275.40	0.21
Coupon Books	0.00	0.00	243.00	0.18
Postage/Copies	319.12	3.22	1,394.45	1.05
Permits/License	0.00	0.00	60.00	0.05
Do Not UseStorage	20.00	0.20	130.00	0.10
Audit/Tax/Prep.	0.00	0.00	200.00	0.15
Transfer/Disclosure Exp	0.00	0.00	200.00	0.15
Management Fee	635.00	6.42	7,620.00	5.74
Rebill Fees	300.00	3.03	830.00	0.62
Reserve Study	0.00	0.00	1,520.00	1.14

Prepared by: FarrMont Realty Group, Inc.



MARYLAND HEIGHTS II

INCOME STATEMENT
 PERIOD ENDING DECEMBER 31, 2007

	December	Percent	Year to Date	Percent
Demand Letter	50.00	0.51	125.00	0.09
<hr/>				
Total Amin. Expense	1,324.12	13.38	13,867.85	10.44
<hr/>				
Total Operating Expenses	10,647.30	107.58	123,954.50	93.29
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Net Operating Income	(750.14)	7.58	8,909.05	6.71
<hr/>				
Capital Expenses:				
Reserves	1,134.89	11.47	13,618.68	10.25
<hr/>				
Total Capital Expense	1,134.89	11.47	13,618.68	10.25
<hr/>				
Net Profit/(Loss)	(1,885.03)	19.05	(4,709.63)	3.54
<hr/> <hr/>				

100
100
100

Invoice No. ⁽²¹³⁾ Inv. Date ⁽²¹³⁾ Amount Discount Description CHECK DATE: 03/24/08 CHECK NO.: 002232 Voucher No. Net Amount
 FY07-08 03/24/08 10.00 0.00 AZ CORP FILING/ANNUAL REP 00717 10.00
 Amount: 6725-0000 10.00

TOTAL 10.00 0.00 10.00
 (213)

OTA MARYLAND HEIGHTS II AMENDED ASSOCIATION USbank, Arizona Branch Office 91-515
 By: Farmont Realty Group, Inc. AMO 1-866-617-2611 1221
 320 E MCDOWELL RD, STE 300
 PHOENIX, AZ 85004

03/24/08 002232 \$*****10.00*

TEN AND NO/100 DOLLARS *****

AZ CORPORATION COMMISSION
 C/O ANNUAL REPORTS
 1300 W WASHINGTON
 PHOENIX, AZ 85007-2929



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.3 & 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.D.2, 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 as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[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 Susan Snyder Date 8-8-08 Name _____ Date _____
 Signature [Signature] Signature _____
 Title President Title _____

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

