WEB FORM COPY

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

AZ Corp. Commission
02199185

DUE ON OR BEFORE 04/07/2007 FY06-07 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. -0127533-2
GOLFVIEW ASSOCIATION
Arizona Community Management Services, LLC
17787 N. Perimeter Drive, Suite A111
Scottsdale, AZ 85255

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SEP 17 2007
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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JUL 18 2007
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CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Statutory Agent: Arizona Community Management Services, LLC
Mailing Address: 17787 N. Perimeter Drive, Suite A111
City, State, Zip: Scottsdale, AZ 85255

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

ACC USE ONLY
Fee $_____
Penalty $_____
Reinstate $_____
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 and my removal or resignation pursuant to law.

[signature]
Signature of new Statutory Agent

KAZEN KASS 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 _____

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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)

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)

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 PRINT OR TYPE CLEARLY.

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

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

Name: _____ Name: _____

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 PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

ARIZONA Community Management SERVICES

communities urban environments GREEN

-01a7533-a

Golfview Association
Board of Directors

Charles Provine, President
c/o Arizona Community Management Services
17787 N. Perimeter Drive, Suite 111
Scottsdale, AZ 85255

Martin Jacobs, Treasurer
c/o Arizona Community Management Services
17787 N. Perimeter Drive, Suite 111
Scottsdale, AZ 85255

Melinda Rother, Secretary
c/o Arizona Community Management Services
17787 N. Perimeter Drive, Suite 111
Scottsdale, AZ 85255

Gaiton Caviola, Director
c/o Arizona Community Management Services
17787 N. Perimeter Drive, Suite 111
Scottsdale, AZ 85255

CASH	
Checking Account	21,673.34
Savings	23,050.12
TOTAL CASH	44,723.46
Investments	
Certificate of Deposit	22,111.14
TOTAL INVESTMENTS	22,111.14
TOTAL ASSETS	66,834.60
LIABILITIES & CAPITAL	
Retained Earnings	66,834.60
TOTAL CAPITAL	66,834.60
TOTAL LIABILITIES & CAPITAL	66,834.60

	Period to Date	%	Year to Date	%
INCOME				
Assessment	85,321.69	53.66	85,321.69	53.66
Prepaid Assessments	2,892.00	1.82	2,892.00	1.82
Special Assessment	68,806.31	43.27	68,806.31	43.27
Late Fees	783.00	0.49	783.00	0.49
Sales Fees	700.00	0.44	700.00	0.44
Association Fines	500.00	0.31	500.00	0.31
TOTAL INCOME	159,003.00	100.00	159,003.00	100.00
OPERATING EXPENSES				
UTILITIES				
Electricity	4,462.95	2.81	4,462.95	2.81
Water	15,673.89	9.86	15,673.89	9.86
Sewer	4,861.80	3.06	4,861.80	3.06
Gas	7,226.91	4.55	7,226.91	4.55
Telephone	1,795.47	1.13	1,795.47	1.13
Rubbish Removal	3,743.58	2.35	3,743.58	2.35
Cable Television	435.06	0.27	435.06	0.27
TOTAL UTILITIES	38,199.66	24.02	38,199.66	24.02
Maintenance				
Pool Service	12,601.72	7.93	12,601.72	7.93
Plumbing	3,825.22	2.41	3,825.22	2.41
Security System Service	356.61	0.22	356.61	0.22
Common Areas	5,823.95	3.66	5,823.95	3.66
Roof Repairs	41,909.91	26.36	41,909.91	26.36
Pest Control	365.00	0.23	365.00	0.23
Landscape	13,566.29	8.53	13,566.29	8.53
TOTAL MAINTENANCE	78,448.70	49.34	78,448.70	49.34
Administration				
Office Supplies	774.79	0.49	774.79	0.49
Copies	171.46	0.11	171.46	0.11
Postage	180.56	0.11	180.56	0.11
Easement Expenses	3,112.71	1.96	3,112.71	1.96
Storage Rent	160.00	0.10	160.00	0.10
Rentals	214.44	0.13	214.44	0.13
Bank Service Charge	58.00	0.04	58.00	0.04
TOTAL ADMINISTRATION	4,671.96	2.94	4,671.96	2.94
Professional Fees				
Audit & Tax Preparation	450.00	0.28	450.00	0.28
Association Management	8,100.00	5.09	8,100.00	5.09
Sales & Disclosure Expenses	300.00	0.19	300.00	0.19
TOTAL PROFESSIONAL FEES	8,850.00	5.57	8,850.00	5.57
Insurance & Taxes				
P & C Insurance	14,740.20	9.27	14,740.20	9.27
AZ State Income Tax	45.00	0.03	45.00	0.03
License Fees	10.00	0.01	10.00	0.01

	Period to Date	%	Year to Date	%
TOTAL INSURANCE & TAXES	14,795.20	9.30	14,795.20	9.30
TOTAL OPERATING EXPENSES	144,965.52	91.17	144,965.52	91.17
NET OPERATING INCOME	14,037.48	8.83	14,037.48	8.83
CASH FLOW	14,037.48		14,037.48	
Beginning Cash	2,635.86			
Ending Balance	21,673.34			

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.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
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.

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 Charles Irvine **Date** 7.1.07 **Name** _____ **Date** _____

Signature Charles Irvine **Signature** _____

Title President **Title** _____

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