AZ Corp. Commission

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WEB FORM COPY

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

DUE ON OR BEFORE 04/07/2008 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.

RECEIVED

MAY 0 8 2008

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0127533-2

GOLFVIEW ASSOCIATION
% ARIZONA COMMUNITY MANAGMENT SERVICES LLC
17787 N PERIMETER DR STE A-111
SCOTTSDALE, AZ 85255

Business Phone:_____ (Business phone is optional.)

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

2.

Statutory Agent: AZ COMMUNITY MGMT SERVICES LLC
Mailing Address: % KAREN KASS
17787 N PERIMETER DR STE-A 111
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 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.

Name: _____ **Name:** _____

NONE ☑

Name: _____ **Name:** _____

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

Name: *SEE ATTACHED LIST* **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 TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: *SEE ATTACHED LIST* **Name:** _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

Name: _____ **Name:** _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

GOLFVIEW ASSOCIATION
BOARD /COMMITTEE MEMBERS

Name/Address	Title	Term
Charles Provine 17787 N. Perimeter Dr., Ste. A-111 Scottsdale, AZ 85255	President	2007 - 2008
Marty Jacobs 17787 N. Perimeter Dr., Ste. A-111 Scottsdale, AZ 85255	Treasurer	2007 - 2008
Melinda Rother 17787 N. Perimeter Dr., Ste. A-111 Scottsdale, AZ 85255	Secretary	2007 - 2008
Gaeton Caviola 17787 N. Perimeter Dr., Ste. A-111 Scottsdale, AZ 85255	Director	2007 - 2008
Bill Nee 17787 N. Perimeter Dr., Ste. A-111 Scottsdale, AZ 85255	Director	2007 - 2008

Golfview Association

Balance Sheet
As of 12/31/07

ASSETS

1000	Cash Operating - US Bank	$ 14,143.04	
1005	Petty Cash	300.00	
1020	US Bank Reserves	3,605.80	
	TOTAL ASSETS		$ 18,048.84

LIABILITIES & EQUITY

CURRENT LIABILITIES:			
	Subtotal Current Liab.		$ .00
RESERVES:			
3050	General Reserves - Interest	$ 168.73	
3200	General Reserves	18,328.82	
3270	Special Assessment	(14,891.75)	
	Subtotal Reserves		$ 3,605.80
EQUITY:			
3500	Prior Year - Retained Earnings	$ 31,184.77	
	Current Year Net Income/(Loss)	(16,741.73)	
	Subtotal Equity		$ 14,443.04
	TOTAL LIABILITIES & EQUITY		$ 18,048.84

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 4/15/08 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.)