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

DUE ON OR BEFORE 04/29/1998 **FILING FEE** $10.00

The following information is required by A.R.S. §10-1622 & §10-2501 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. & §10-2545.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.

1. GREENFIELD PARK HOMEOWNERS ASSOCIATION
4435 E BROADWAY #2
MESA, AZ 85206

Corporation File Number: -0155503-3

Business Phone:_____ (Business phone is optional.)

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

2. Arizona Statutory Agent: DAVID E WRICH
Street Address: 8400 S KYRENE RD
(NOT P.O. BOX)
City, State, Zip: TEMPE AZ 85282-

ACC USE ONLY
Fee $ 10
Penalty $ 10
Reinstate $
Expedite $
Total $ 20
10-97-98

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

A.C.C. CORPORATIONS DIV.
RECEIVED
OCT 30 1998

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

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

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.

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

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.

Name: _____ **Name:** _____

NONE ☐

Name: _____ **Name:** _____

7. OFFICERS (If no changes since last report, check here __ and go on to Section 8.)

Name: BILL LEBUT
Title: PRESIDENT/CEO
Address: 454 N ORLANDO CIR
MESA, AZ 85205-
Date taking office: 02-03-93

Name: JULIA BURGUS
Title: VICE-PRESIDENT
Address: 4203 E CABALLERO CIR
MESA, AZ 85205-
Date taking office: 02-03-93

Name: DAVID GUZMAN
Title: SECRETARY
Address: 4239 E CABALLERO CIR
MESA, AZ 85205-
Date taking office: 02-03-93

Name: CINDY ROBERTO
Title: TREASURER
Address: 4238 E CABALLERO CIR
MESA, AZ 85205-
Date taking office: 02-03-93

8. DIRECTORS (If no changes since last report, check here __ and go on to Section 9.)

Name: BILL LEBUT
Address: 454 N ORLANDO CIR
MESA, AZ 85205-
Date taking office: 02-03-93

Name: JULIA BURGUS
Address: 4203 E CABALLERO CIR
MESA, AZ 85205-
Date taking office: 02-03-93

Name: DAVID GUZMAN
Address: 4239 E CABALLERO CIR
MESA, AZ 85205-
Date taking office: 02-03-93

Name: _____
Address: _____
Date taking office: _____

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.

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

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.

NONE ☐

Name: _____ **Name:** _____

Name: _____ **Name:** _____

7. OFFICERS (Attach additional sheets if necessary.)

Name: Bill LeBut
Title: President
Address: 454 N. Orlando Circle
Mesa AZ 85205
Date taking office: 2-3-93

Name: Julia Burgos
Title: Vice President
Address: 4203 E. Caballero Cir.
Mesa AZ 85205
Date taking office: 2-3-93

Name: David Guzman
Title: Secretary
Address: 4239 E. Caballero Circle
Mesa AZ 85205
Date taking office: 2-3-93

Name: Cindy Roberto
Title: Treasurer
Address: 4238 E. Caballero Circle
Mesa AZ
Date taking office: 2-3-93

8. DIRECTORS Must List a Minimum of 3 Directors.

Name: Bill LeBut
Address: 454 N. Orlando Cir
Mesa AZ 85205
Date taking office: 2-3-98

Name: Julia Burgos
Address: 4203 E. Caballero Cir
Mesa AZ 85205
Date taking office: 2-3-93

Name: David Guzman
Address: 4239 E. Caballero Cir
Mesa AZ 85205
Date taking office: 2-3-93

Name: _____
Address: _____
_____
Date taking office: _____

Greenfield Park Homeowners Association
Balance Sheet
As of 12/31/96

Account	12/31/96 Balance
Assets	
Cash and Bank Accounts	
GPHA checking	410.63
Total cash and bank accounts	410.63
Other Assets	
Certificate of Deposit	2501.04
Total other assets	2501.04
Total Assets	**2911.67**
Liabilities & Equity	
Liabilities	0.00
Equity	2911.67
Total Liabilities & Equity	**2911.67**

All corporations except close corporations as defined by A.R.S. §10-1001 et seq., must file a financial
Refer to the instructions on page 4, section 9, for specific information regarding filing requirements.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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:

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 (A.R.S. §10-202.D.2)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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?

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

If YES, enter the following: Chapter _____ Date Filed _____ Case Number _____

If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. **CAUTION:** Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. Annual Reports submitted with incorrect signatures 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 Bill LeBut **Date** 9/29/98 **Name** David Guerra **Date** 9/29/98

Signature Bill LaBut **Signature** David Guerra

Title President **Title** Secretary

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