STATE OF ARIZONA
CORPORATION COMMISSION

NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1996 **DUE ON OR BEFORE** 04/15/1997

The following information is required by A.R.S. §10-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

RECEIVED

NOV 09 1998

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Corporation File: -0155503-3
Corporation Name: GREENFIELD PARK HOMEOWNERS ASSOCIATION
Address: ~~4435 E BROADWAY #2~~ PO Box 31891
City, State, Zip: MESA AZ ~~85206~~ 85275-1891
Domicile: ARIZONA
Type: NON-PROFIT

Arizona Statutory Agent: DAVID E WRICH
Street Address: 8400 S KYRENE RD
(NOT P.O. BOX)

City, State, Zip: TEMPE AZ 85282-

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

1. __ Charitable	8. __ Social	15. __ Agricultural
2. __ Benevolent	9. __ Fraternal	16. __ Horticultural
3. __ Educational	10. __ Literary	17. __ Animal Husbandry
4. __ Civic	11. __ Cultural	18. X Homeowners' Association
5. __ Patriotic	12. __ Athletic	19. __ Professional, commercial, industrial, or trade association
6. __ Political	13. __ Science/Research	
7. __ Religious	14. __ Hospital/Health Care	20. __ Other _____

ACC USE ONLY
Fee $ 10
Penalty $ 22
Total $ 32
PAID

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less X 26 - 100 ___ 101 - 500 ___ Over 500 ___

3. *~ ~ If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below ~ ~ ~ ~ and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. ~ ~*

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

Statutory Agent Name _____ Address _____

Signature _____ City, State, Zip _____

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box _____ City, State, (Country) Zip _____

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here X and go on to Section 6.)

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

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

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

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

6. **DIRECTORS** (If no changes since last report, check here X and go on to Section 7.)

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:

DO NOT WRITE BELOW THIS LINE

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**

9. **FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)** For Reports Due On or Before December 31,1996. **All corporations** except close corporations as defined by A.R.S. §10-1801 et seq., must file a financial disclosure statement. 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 LeBret Date 9/29/98 Name David Guzman Date 9/29/98

Signature Bill LeBret Signature David Guzman

Title President Title Secretary

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