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

DUE ON OR BEFORE 04/09/1998

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. §10-1214 & §10-2545. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

ACC CORPORATIONS DIV
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DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

1. TRACT 208 PROPERTY OWNERS ASSOCIATION
~~% FOUNTAIN VIEW REALTY INC~~
~~PO BOX 18450~~ 16838 E. Palisades Blvd.
FOUNTAIN HILLS, AZ ~~85269~~ 85268

Corporation File Number: -0175211-4

Business Phone: _____ (Business phone is optional.)

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

2. Arizona Statutory Agent: UNITED STATES CORPORATION c/o Eagle Property Management
Street Address: ~~3626 N CENTRAL AVE~~ 3333 N. Central Ave #210
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85012-

ACC USE ONLY	
Fee	$ 10
Penalty	$ 4
Reinstate	$ 0
Expedite	$ 0
Total	$ 14
FY97-98	

PAID

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.

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Signature

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Address/Stat Agent Change per AR
Date: 9-9-98 Initials: DJS

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. X 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: ~~GREG BIELLI~~ Hank Lickman
Title: PRESIDENT/CEO
Address: P O BOX 17795
FOUNTAIN HLS, AZ 85269-
Date taking office: 01-01-94

Name: ~~MICHELE JOHNSON~~ Frank Ferrara
Title: VICE-PRESIDENT
Address: P O BOX 17795
FOUNTAIN HLS, AZ 85269-
Date taking office: 01-01-96

Name: ~~VINCE PELLERITO~~ Michelle Johnson
Title: SECRETARY
Address: P O BOX 17795
FOUNTAIN HLS, AZ 85269-
Date taking office: 01-01-95

Name: ~~VINCE PELLERITO~~ Michelle Johnson
Title: TREASURER
Address: P O BOX 17795
FOUNTAIN HLS, AZ 85269-
Date taking office: 01-01-95

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

Name: ~~GREG BIELLI~~ Hank Lickman
Address: P O BOX 17795
FOUNTAIN HLS, AZ 85269-
Date taking office: 01-01-94

Name: MICHELE JOHNSON
Address: P O BOX 17795
FOUNTAIN HLS, AZ 85269-
Date taking office: 01-01-96

Name: ~~VINCE PELLERITO~~ Frank Ferrara
Address: P O BOX 17795
FOUNTAIN HLS, AZ 85269-
Date taking office: 01-01-95

Name:
Address:
Date taking office:

Form **1120-H**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

▶ For Paperwork Reduction Act Notice, see page 4.

OMB No. 1545-0127

1997

For calendar year 1997 or tax year beginning , 1997, and ending , 19

Use IRS label. Otherwise, please print or type.	Name	Employer identification number (see page 4)
	TRACT 208 POA INC.	86-0349559
	Number, street, and room or suite no (If a P.O. box, see page 4.)	Date association formed
	16838 EAST PALISADES BLVD.	
	City or town, state, and ZIP code	05/09/85
	FOUNTAIN HILLS AZ 85268	

Check if: (1) ☐ Final return (2) ☒ Change of address (3) ☐ Amended return

A Check type of homeowners association: ☒ Condominium management association ☐ Residential real estate association ☐ Timeshare association

B	Total exempt function income. Must meet 60% gross income test (see instructions)	B	57,256.00
C	Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	39,789.00
D	Association's total expenditures for the tax year (see instructions)	D	42,076.00
E	Tax-exempt interest received or accrued during the tax year	E	

Gross Income (excluding exempt function income)

1	Dividends	1	
2	Taxable interest	2	60.00
3	Gross rents	3	
4	Gross royalties	4	
5	Capital gain net income (attach Schedule D (Form 1120))	5	
6	Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797)	6	
7	Other income (excluding exempt function income) (attach schedule)	7	
8	**Gross income** (excluding exempt function income). Add lines 1 through 7	8	60.00

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9	
10	Repairs and maintenance	10	
11	Rents	11	
12	Taxes and licenses	12	
13	Interest	13	
14	Depreciation (attach Form 4562)	14	
15	Other deductions (attach schedule)	15	2,287.00
16	**Total deductions.** Add lines 9 through 15	16	2,287.00
17	Taxable income before specific deduction of $100. Subtract line 16 from line 8	17	0.00
18	Specific deduction of $100	18	$100.00

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17	19	0.00
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	0.00
21	Tax credits (see instructions)	21	
22	**Total tax.** Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
23	**Payments:** a 1996 overpayment credited to 1997 — 23a		
	b 1997 estimated tax payments — 23b	c Total ▶ 23c	
	d Tax deposited with Form 7004	23d	
	e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	
	f Credit for Federal tax on fuels (attach Form 4136)	23f	
	g Add lines 23c through 23f	23g	
24	**Tax due.** Subtract line 23g from line 22. See instructions for depository method of tax payment	24	
25	**Overpayment.** Subtract line 22 from line 23g	25	
26	Enter amount of line 25 you want: **Credited to 1998 estimated tax** ▶ **Refunded** ▶	26	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Date ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed ▶ ☐ Preparer's social security number

Firm's name (or yours if self-employed) and address ▶ ALLAN G. HUTCHISON CPA
11811 N. TATUM BLVD. P-199 PHX,AZ

EIN ▶ 86-0607326

ZIP code ▶ 85028-1616

Form **1120-H** (1997)

ISA
STF FED4051F

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only corporations that meet one or more of the following criteria must **attach** a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

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 X Michele L. Johnson **Date** 5-28-98 **Name** Hank Lickman **Date** 10-1-98

Signature X Michele L. Johnson **Signature** X Hank Lickman

Title X Secretary / Treasurer **Title** President

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