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STATE OF ARIZ
CORPORATION COI
CORPORATION ANNUA
& CERTIFICATE OF DIS

Arizona Corporation Commission
Corporations Division
00001578

MD

FILING FEE $10.00

DUE ON OR BEFORE 04/24/1999

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 for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

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ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. MONTANA RANCH HOMEOWNERS ASSOCIATION
6423 S ASH AVE
TEMPE, AZ 85283-3657

Corporation File Number: -0181649-8

Business Phone: 491-1855 (Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: SUE E GRAHAM
Street Address: 6423 S ASH AVE
(NOT P.O. BOX)
City, State, Zip: TEMPE AZ 85283-3657

MD

ACC USE ONLY
Fee $ 10
Penalty $ PAID
Reinstate $
Expedite $
Total $
FY98-99

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

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.

NONE ☐

Name: _____ **Name:** _____

Name: _____ **Name:** _____

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

Name: EMMETT MITCHELL
Title: PRESIDENT/CEO
Address: 11889 E GOLD DUST AVE
SCOTTSDALE, AZ 85259-
Date taking office: 05-22-97

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

Name: HERB STREICH
Title: SECRETARY
Address: 10453 N 118TH PL
SCOTTSDALE, AZ 85259-
Date taking office: 05-22-97

Name: CURT HENCH
Title: TREASURER
Address: 10050 N 118TH ST
SCOTTSDALE, AZ 85259-
Date taking office: 05-22-97

8. DIRECTORS Must List a Minimum of 3 Directors.

Name: MARVIN TATE
Address: 11944 E BERYL AVE
SCOTTSDALE, AZ 85259-
Date taking office: 05-22-97

Name: GENEVA SPIGNER
Address: 11833 E BERYL AVE
SCOTTSDALE, AZ 85259-
Date taking office: 05-22-97

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

MONTAÑA RANCH HOMEOWNERS ASSOCIATION
BOARD OF DIRECTORS
Elected May 19, 1998

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Herb Streich 10453 North 118th Place Scottsdale, Arizona 85259 Lot 26 860-9666 - H 256-4774 - W	President	1999
Suzanne Brian 10071 North 118th Street Scottsdale, Arizona 85259 Lot 84 661-0031 314-1989 - Fax	Secretary Architectural Committee Chair Social Committee Newsletter Committee	2000
Curt Hench 10050 North 118th Street Scottsdale, Arizona 85259 Lot 63 614-1496 - H 614-1497 - Fax	Treasurer Parliamentarian	1999
Carlos Verdecia 11968 East Gold Dust Avenue Scottsdale, Arizona 85259 Lot 92 614-0513 - H	Legal Liaison NESPOA Contact	2000
Tom Anderson 10031 North 118th Street Scottsdale, Arizona 85259 Lot 82 657-9611	Inter HO Liaison Building Grounds RFQ's and Security	2000
Sue Graham 6423 South Ash Avenue Tempe, Arizona 85283 491-1855	**Asst. Secretary**	

Graham Management, Inc.
Terry Marks, Association Manager
6423 South Ash Avenue
Tempe, Arizona 85283
Telephone: (602) 491-1855
Fax: (602) 491-2441

(6/15/98)

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MONTANA RANCH HOMEOWNERS ASSOCIATION

BALANCE SHEET
DECEMBER 31, 1998

ASSETS			
OPERATING FUNDS			
CASH IN BANK-OPERATING		$ 12,246.69	
PREPAID ASSESSMENTS		7,010.00	
TOTAL OPERATING FUNDS			$ 19,256.69
RESERVE FUNDS			
RESERVE		5,770.33	
6 MONTH CD-MATURES 02/28/98		79,173.61	
RESERVE-DEAN WITTER		75,995.82	
TOTAL RESERVE FUNDS			160,939.76
OTHER ASSETS			
ACCOUNTS RECEIVABLE-HOMEOWNERS		3,521.00	
TOTAL OTHER ASSETS			3,521.00
TOTAL ASSETS			$ 183,717.45
LIABILITIES & HOMEOWNERS EQUITY			
LIABILITIES			
ACCOUNTS PAYABLE-RECEIVED		3,995.14	
CLUBHOUSE DEPOSIT		500.00	
PREPAID ASSESSMENTS		7,010.00	
ACCOUNTS PAYABLE-NOT RECEIVED		1,900.00	
TOTAL LIABILITIES			13,405.14
HOMEOWNERS EQUITY			
RESERVE EQUITY			
RESERVE FUNDS EQUITY	143,611.23		
RESERVE-FUNDED INTEREST	17,328.53		
TOTAL RESERVE EQUITY		160,939.76	
OPERATING SURPLUS/DEFICIT(-)			
PRIOR YEAR SURPLUS-DEFICIT	1,062.53		
CURRENT SURPLUS/DEFICIT(-)	8,310.02		
TOTAL SURPLUS/DEFICIT(-)		9,372.55	
TOTAL HOMEOWNERS EQUITY			170,312.31
TOTAL LIABILITIES AND HOMEOWNERS EQUITY			$ 183,717.45

Please Enter Corporation Name: Montana Ranch

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)
Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only

This corporation **does** ☒ **does not** ☐ have members.

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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. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. 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 Herbert J Streich **Date** 3-1-99 **Name** Sue Graham **Date** 3-4-99

Signature Herb J Streich **Signature** Sue E. Graham

Title President **Title** Asst. Secretary

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