AZ Corp. Commission
05971950

WEB FORM COPY

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

DUE ON OR BEFORE 6/24/2017 **FILING FEE** $10.00

PLEASE READ ALL INSTRUCTIONS. 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.

01816498

1. MONTANA RANCH HOMEOWNERS ASSOCIATION
JOHN KEMPER
FIRSTSERVICE RESIDENTIAL ARIZ
9000 E PIMA CENTER PKWY #300
SCOTTSDALE, AZ 85258

RECEIVED
JUN 29 2017
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: *(480) 551-4300* (Business phone is optional.)
State of Domicile: ARIZONA **Type of Corporation:** NON-PROFIT

2.
Statutory Agent: JOHN KEMPER
Mailing Address: *FIRSTSERVICE RESIDENTIAL*
9000 E PIMA CENTER PKWY, #300
City, State, Zip: SCOTTSDALE, AZ 85258

Statutory Agent's Street or Physical Address, If Different.

ACC USE ONLY
Fee $_____
Penalty $_____
Reinstate $_____
Expedite $_____
Resubmit $_____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

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. ☐ Cooperative Marketing Association
- 15. ☐ Animal Husbandry
- 16. ■ Homeowner's Association
- 17. ☐ Professional, commercial industrial or trade association
- 18. ☐ Other_____

5. CAPITALIZATION: (For-profit 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)
N/A		
N/A		

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)
N/A		
N/A		

6. SHAREHOLDERS: (For-profit 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: DAVID BATES
Title: PRESIDENT
Address: FIRSTSERVICE RESIDENTIAL
9000 E PIMA CENTER PKWY, #300
SCOTTSDALE, AZ 85258
Date taking office: 06/12/2012

Name: *BETH A. SAIKI-OLSEN*
Title: SECRETARY
Address: FIRSTSERVICE RESIDENTIAL
9000 E PIMA CENTER PKWY, #300
SCOTTSDALE, AZ 85258
Date taking office: 06/12/2012

Name: *KELLY KEINLE*
Title: TREASURER
Address: FIRSTSERVICE RESIDENTIAL
9000 E PIMA CENTER PKWY, #300
SCOTTSDALE, AZ 85258
Date taking office: 06/09/2015

Name: LAURA KUNEWA
Title: VICE-PRESIDENT
Address: FIRSTSERVICE RESIDENTIAL
9000 E PIMA CENTER PKWY, #300
SCOTTSDALE, AZ 85258
Date taking office: 09/17/2013

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: MALCOLM SHERMAN
Address: FIRSTSERVICE RESIDENTIAL
9000 E PIMA CENTER PKWY, #300
SCOTTSDALE, AZ 85258
Date taking office: 06/09/2015

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits – financial disclosure is no longer required. **Cooperative marketing associations** – must submit a financial statement. All other types of corporations are not required to file a financial statement.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:

9A. MEMBERS (A.R.S. §10-11622(A)(6)) This corporation **DOES** ☒ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds 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 five 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 five year period immediately preceding execution of this certificate?
3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five 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" to A, 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 birth name.
2. Full present name and prior names used.
3. Present home address.
4. All prior addresses for immediately preceding 5 year period.
5. Date and location of birth.
6. 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.

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES ☐ NO ☒

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

(a) Name and address of each corporation and the persons involved.
(b) State(s) in which it: (i) was incorporated and (ii) transacted business.
(c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

A. Has the **corporation** filed a petition for bankruptcy or appointed a receiver? **One box must be marked:** YES ☐ NO ☒

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
   (a) Name and address of each corporation;
   (b) States in which it: (i) was incorporated and (ii) transacted business.
   (c) Dates of operation.

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 perjury, 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 perjury 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 David Bates **Date** 5/05/17 **Name** _____ **Date** _____

Signature _____ **Signature** _____

Title President **Title** _____

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

RECEIVED

JUN 29 2017

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
**** ORDER COPIES USING A RECORDS REQUEST FORM ****

WHAT ARE YOU FILING?

☐ New Entity ☑ Change to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

MONTANA RANCH HOMEOWNERS ASSOCIATION FILE NO. 00816498

EXPEDITED PROCESSING?

☐ YES - add $35 to the filing fee	☑ NO - pay only the filing fee
Document filing fees are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.azcc.gov, under the FAQs.	

PAYMENT:

☑ MOD Account #: 004268	Amount to deduct: $10.00
Cash - do not mail cash. Cash may be used only for in-person submittals. **Checks or money orders** - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts). **Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.	

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

☑ Email	Email address: ELIZABETH.JAMES@FSRESIDENTIAL.COM		
☐ Pick up	Name:	Phone:	
☐ Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone: 480-551-4317		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: _____ **DATE:** _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf