



WEB FORM COPY

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

AZ Corp. Commission 03090560



DUE ON OR BEFORE 04/04/2010

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.

-0201757-0

1. CHOLLA VISTA HOMEOWNERS ASSOCIATION % GOLDEN VALLEY PROPERTY MGMT PO BOX 73259 PHOENIX, AZ 85050

RECEIVED

MAR 29 2010

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: Golden Valley Property Management P.O. Box 73259 Phoenix AZ 85050

Statutory Agent's Street or Physical Address, if Different: Golden Valley Prop. Mgmt 7600 N. 16th St #135 Phoenix, AZ 85020

ACC USE ONLY Fee \$ Penalty \$ Reinstatement \$ 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)

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)

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 [checked]

Name: Name:

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: Name:

Title: Title:

Address: See Attached Address:

Date taking office: Date taking office:

Name: See Attached Name:

Title: See Attached Title:

Address: Address:

Date taking office: Date taking office:

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

Name: Gordon Palmer Name:

Address: 10744 N. 113th St. Address:

Scottsdale, AZ 85259

Date taking office: ? Date taking office:

Name: Name:

Address: Address:

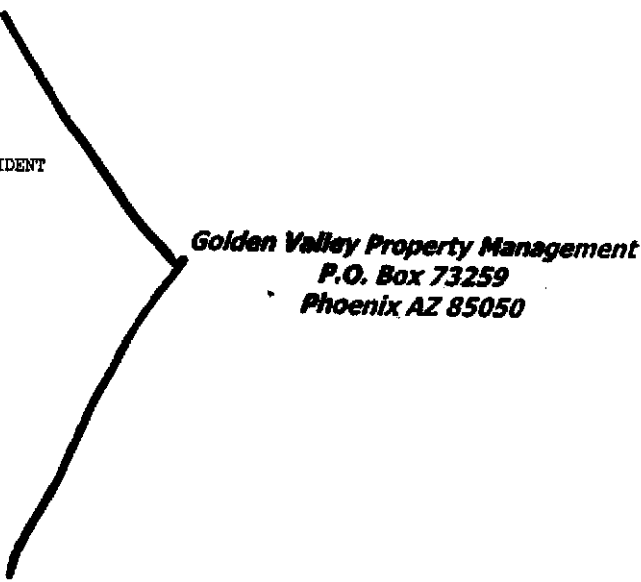
Date taking office: Date taking office:

DATE: 3/15/10  
TIME: 3:33 PM

CHOLLA VISTA HOMEOWNERS ASSOCIATION - 038  
BOARD/COMMITTEE MEMBERS REPORT AS OF 03/15/10

PAGE 1

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
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CLASS: BOARD OF DIRECTORS				
JOYCE CLARK	TREASURER			April 2011
GORDON PALMER	VICE PRESIDENT			APRIL 2010
AUSTIN W CONDON	PRESIDENT			April 2010
JAMES MARINACE	DIRECTOR			APRIL 2011
ED FABI	SECRETARY			2012



**Golden Valley Property Management**  
**P.O. Box 73259**  
**Phoenix AZ 85050**

-- End of report --

