STATE OF AR
CORPORATION CC
CORPORATION ANNU
& CERTIFICATE OF D

Arizona Corporation Commission

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BY.....

DUE ON OR BEFORE 04/27/1999

FILING FEE $10.00

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.

1. 9228 HOMEOWNERS' ASSOCIATION, INC.

c/o SECHLER, CPA, PC
921 E. ORANGE DR
PHOENIX, AZ 85014-3236

0230518-8
-0230518-8

Corporation File Number:

Business Phone:_____ (Business phone is optional.)

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

2. Arizona Statutory Agent: HARVEY PLATT
Street Address: 2916 N 7TH AVE
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85013-

Use this box only if appointing a new Statutory Agent

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

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.

A.C.C. CORPORATIONS DIV.
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_____
Signature of *new* Statutory Agent

3. Secondary Address:
(Foreign Corporations are REQUIRED to complete this section.)

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

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)

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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 X and go on to Section 8.)

Name: HARVEY PLATT
Title: PRESIDENT/CEO
Address: 2916 N 7TH AVE
PHOENIX, AZ 85013-
Date taking office: 09-26-92

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

Name: JUDY WALP
Title: SECRETARY
Address: C/O 9228 N 7TH AVE
PHOENIX, AZ 85013-
Date taking office: 01-01-94

Name: ROSALIE KANNE
Title: TREASURER
Address: 908 W AVALON
PHOENIX, AZ 85013-
Date taking office: 01-08-93

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

Name: JUDY WALP
Address: C/O 9228 N 7TH AVE
PHOENIX, AZ 85013-
Date taking office: 01-01-94

Name: ROSALIE KANNE
Address: 908 W AVALON
PHOENIX, AZ 85013-
Date taking office: 01-08-93

Name: HARVEY PLATT
Address: 2916 N 7TH AVE
PHOENIX, AZ 85013-
Date taking office: 09-26-92

Name: _____
Address: _____
Date taking office: _____

9228 Homeowners' Assn
Balance Sheet
As of December 31, 1998

	Dec 31, '98
ASSETS	
Current Assets	
Checking/Savings	
Bank one	3,547.49
Total Checking/Savings	3,547.49
Total Current Assets	3,547.49
TOTAL ASSETS	**3,547.49**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	5,313.63
Net Income	-1,766.14
Total Equity	3,547.49
TOTAL LIABILITIES & EQUITY	**3,547.49**

SECHLER, CPA, PC

CERTIFIED PUBLIC ACCOUNTANT

A PROFESSIONAL CORPORATION

Date: 4/1/99

Arizona Corporation Commission

RE: Annual report of 9228 HOMEOWNERS' ASSOCIATION, INC.

As Of 12/31/98

We have compiled the statement of financial condition-balance sheet (Section H) of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express and opinion or any other form of assurance.

These financial statements are presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Sincerely,

Sechler, CPA, PC
Certified Public Accountants

921 E. ORANGE DR., #2, PHOENIX, AZ 85014-3236
PHONE: 602-230-2700 FAX: 602-230-2705
e-mail: carolyns@home.com

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.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)
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: **[Underlined portion pertains to profit corporations only]**

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 & 10-3202.02)
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? **[Underlined portion pertains to profit corporations only]**

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 Harvey B. Platt **Date** 4/5/99 **Name** Judy Walp **Date** 4-5-99

Signature Harvey B. Platt **Signature** Judy Walp

Title President **Title** Secretary

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