AZ Corp. Commission
02660066

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

DUE ON OR BEFORE 04/27/2006 **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.

RECEIVED
JAN 16 2009
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0230518-8
9228 HOMEOWNERS' ASSOCIATION, INC.
~~6505 N 7TH ST #100~~ P.O. Box 56995
PHOENIX, AZ ~~85014~~ 85079-6995

* AD-DISSOLVED-FILE ANNUAL REPORT 09/05/2008; CONTACT THE COMMISSION AT 602-542-3026!

Business Phone: 602 765-8324 (Business phone is optional.)
State of Domicile: ARIZONA **Type of Corporation:** NON-PROFIT

2. Statutory Agent: ~~ROBERT DEVENS~~ GREG Parielli
Mailing Address: ~~6505 N 7TH ST #100~~ P.O. Box 56995
City, State, Zip: PHOENIX, AZ ~~85014~~ 85053 85079-6995

Statutory Agent's Street or Physical Address:
Physical Address: 15650 N Black Canyon Hwy Suite B-115
City, State, Zip: Phoenix AZ 85053.

ACC USE ONLY
Fee $ Pd
Penalty $
Reinstate $ 25
Expedite $ 35 (optional)
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

GREG Parielli
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
X 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.

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)

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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: Bob Devers **Name:** _____

Title: 6505 N 7th Ave - President Title: _____

Address: Phoenix AZ 85014 Address: _____

Date taking office: 1-1-06 Date taking office: _____

Name: Judy Walp **Name:** _____

Title: Secretary Title: _____

Address: 45005 W Jule Lane Address: _____

Maricopa, AZ 85239

Date taking office: 1-1-06 Date taking office: _____

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

Name: Bob Devers **Name:** _____

Address: 6505 N 7th Ave Address: _____

Phoenix, AZ 85014

Date taking office: 1-1-06 Date taking office: _____

Name: Judy Walp **Name:** _____

Address: 45005 W Jule Lane Address: _____

Maricopa AZ 85239

Date taking office: 1-1-06 Date taking office: _____

9228 Homeowners Association, Inc. 2005 Financial Statement

Begin Cash Balance	$	20,323.04
Income	$	16,880.54
Expenses		
Utilities	$	11,376.00
Repairs	$	14,066.99
Insurance	$	3,144.00
Total Expenses	$	25,442.99
Net Income	$	(8,562.45)
Ending Cash Balance	$	11,760.59

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

Nonprofits – if your annual report is due on or before September 25, 2008, you **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

9A. MEMBERS (A.R.S. §10-11622(A)(6))

Only Nonprofit Corporations must answer this question. 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, for For-profit corporations, any 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. 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. 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 OR RECEIVERSHIP (A.R.S. §§10-202(D)(2), 10-3202(D)(2), 10-1623 & 10-11623)

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

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR, if For-profit, held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy or receivership, or administratively or judicially dissolved by any state or jurisdiction?

One box **must** be marked. **YES** ☐ **NO** ☑

If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

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 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 Lionel Sanchez **Date** 1/12/09 **Name** _____ **Date** _____

Signature _____ **Signature** _____

Title _____ **Title** _____

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