



COPY

**CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE**



**DUE ON OR BEFORE 6/10/2019**

**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.

05182700

**1. SKYLINE BEL AIR ESTATES COMMUNITY ASSOCIATION**

**AAM, LLC.**

**1600 W BROADWAY RD STE 200**

**TEMPE, AZ 85282**

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

(Business phone is optional.)

**State of Domicile:** ARIZONA

**Type of Corporation:** NON-PROFIT

**2.**

Statutory Agent: AMANDA SHAW

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

Mailing Address: 1600 W BROADWAY RD STE 200

City, State, Zip: TEMPE, AZ 85282

**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**

- |                                                 |                                                              |
|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input checked="" type="checkbox"/> 38. Other <u>N/A</u>     |

**NON-PROFIT CORPORATIONS**

- |                                                                                       |
|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Charitable                                                |
| <input type="checkbox"/> 2. Benevolent                                                |
| <input type="checkbox"/> 3. Educational                                               |
| <input type="checkbox"/> 4. Civic                                                     |
| <input type="checkbox"/> 5. Political                                                 |
| <input type="checkbox"/> 6. Religious                                                 |
| <input type="checkbox"/> 7. Social                                                    |
| <input type="checkbox"/> 8. Literary                                                  |
| <input type="checkbox"/> 9. Cultural                                                  |
| <input type="checkbox"/> 10. Athletic                                                 |
| <input type="checkbox"/> 11. Science/Research                                         |
| <input type="checkbox"/> 12. Hospital/Health Care                                     |
| <input type="checkbox"/> 13. Agricultural                                             |
| <input type="checkbox"/> 14. Cooperative Marketing Association                        |
| <input type="checkbox"/> 15. Animal Husbandry                                         |
| <input type="checkbox"/> 16. Homeowner's Association                                  |
| <input type="checkbox"/> 17. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 18. Other _____                                              |

## SKYLINE BEL AIR ESTATES COMMUNITY ASSOCIATI

**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

**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

**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.

**NONE** ☒ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Name: PETER MORGAN Name: JOHN ANSAY

Title: PRESIDENT Title: SECRETARY

Address: 1600 W BROADWAY RD STE 200 Address: 1600 W BROADWAY RD STE 200

TEMPE, AZ 85282

TEMPE, AZ 85282

Date taking office: \_\_\_\_\_ Date taking office: \_\_\_\_\_

Name: EILEEN JACKSON Name: MERCEDES GONZALEZ

Title: TREASURER Title: VICE-PRESIDENT

Address: 1600 W BROADWAY RD STE 200 Address: 1600 W BROADWAY RD STE 200

TEMPE, AZ 85282

TEMPE, AZ 85282

Date taking office: \_\_\_\_\_ Date taking office: \_\_\_\_\_

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

Name: EDWARD CARLSON Name: KAMAL DIMITRI

Address: 1600 W BROADWAY RD STE 200 Address: 1600 W BROADWAY RD STE 200

TEMPE, AZ 85282

TEMPE, AZ 85282

Date taking office: \_\_\_\_\_ Date taking office: \_\_\_\_\_

Name: KARL HARSHMAN Name: \_\_\_\_\_

Address: 1600 W BROADWAY RD STE 200 Address: 1600 W BROADWAY RD STE 200

TEMPE, AZ 85282

TEMPE, AZ 85282

Date taking office: \_\_\_\_\_ Date taking office: \_\_\_\_\_

Please Enter Corporation Name: SKYLINE BEL AIR ESTATES COMMUNITY ASSOCIATION File nu

**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.                                             | 5. Date and location of birth.                                                                                                                                              |
| 2. Full present name and prior names used.                      | 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. |
| 3. Present home address.                                        |                                                                                                                                                                             |
| 4. All prior addresses for immediately preceding 5 year period. |                                                                                                                                                                             |
- 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 Ger Morgan Date 6/12/19 Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature [Signature] Signature \_\_\_\_\_  
 Title PRESIDENT Title \_\_\_\_\_

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

**RECEIVED**  
**Admission Number: 05182700**

JUL 01 2019

**ARIZONA CORP. COMMISSION**  
**CORPORATIONS DIVISION****HB 2084 – ASSOCIATION DISCLOSURE**

1. Legal/Corporate Name of Association:

*Skyline Bel Air Estates Community Association*

2. Address of Association:

*E Ina Rd & N 1st Ave, Tucson, AZ 85718*

3. Name of Designated Agent or Management Company:

*Amanda Shaw c/o AAM, LLC*

4. Association or management company's phone number:

*602-957-9191*

5. Email Address:

StatutoryAgent@AssociatedAsset.com

6. Website (if any):

<http://www.skylinebelair.com/>

7. Fax Number (if any)

*602-957-8802*