



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



00136243

DUE ON OR BEFORE 04/14/2000

FY99-00

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.**

-0863633-7

1. DESERT SUNSET HOMEOWNERS ASSOCIATION
3612 W DUNLAP STE L 10720 W. INDIAN School # 42
PHOENIX, AZ 85051 85037

RECEIVED

APR 05 2000

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: PHILIP J POLICH JAMES CONAWAY
Street Address: 3612 W DUNLAP STE L 10720 W. INDIAN SCHOOL #42
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85051 85037

Use this box only if appointing a new Statutory Agent

AGG USE ONLY

Fee \$ 10.00

Penalty \$ _____

Reinstate \$ _____

Expense \$ _____

Resubmit \$ _____

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.

James Conaway
Signature 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. ___ Animal Husbandry
 - 15. 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. (If no changes since last report, check here ___ and go on to Section 6.)

Number of Shares/Certificates Authorized Class Series Within Class (if any)

Number of Shares/Certificates Issued Class Series Within Class (if any)

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 (Attach additional sheets if necessary.)

Name: PHILIP POLICH
Title: PRESIDENT
Address: 3612 W. DUNLAP STE L
PHOENIX, AZ 85051
Date taking office: 1-14-99

Name: JEFFREY WAREING
Title: SECRETARY / TREASURER
Address: 3612 W. DUNLAP STE L
PHOENIX AZ 85051
Date taking office: 1-14-99

Name: JEFF GARRETT
Title: VICE PRESIDENT
Address: 3612 W. DUNLAP STE L
PHOENIX AZ 85051
Date taking office: _____

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

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

Name: JEFF GARRETT
Address: 3612 W DUNLAP STE-L
PHOENIX, AZ 85051-
Date taking office: _____

Name: JEFFREY WAREING
Address: _____
Date taking office: 01-14-99

Name: PHILIP POLICH
Address: _____
Date taking office: 01-14-99

Name: _____
Address: _____
Date taking office: _____

**NO
FINANCIAL
ACTIVITY
IN
1999**

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. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 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. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

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 <u>[Signature]</u>	Date _____	Name <u>JOSE GONZALEZ</u>	Date <u>3/22/08</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Title <u>Director / Secretary</u>		Title <u>Director</u>	

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

Annual Report Instruction Sheet

This instruction sheet contains information about the annual reporting process for corporations doing business in Arizona. Every corporation in Arizona must submit an Annual Report to the Corporations Division of the Arizona Corporation Commission once a year. This is the only notice and form you will receive. Corporations must use this Annual Report Form prescribed and furnished by the Arizona Corporation Commission. **No other form or format is allowed.** The Commission's computerized imaging system cannot work with other forms or formats. **IMPORTANT:** This Annual Report must be correctly filled out and submitted by the assigned due date or the corporation may have its authority and operating status revoked by the State of Arizona. Use the check off boxes on this sheet as you complete the form.

The Corporation Commission has completed the form with information we have available regarding the corporation. Please verify each line. Strike out incorrect information by drawing a line through the incorrect data. Correct information should be legibly written above or to the side of the struck, incorrect information.

- Section 1.** All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number.
- Section 2.** All corporations must state the name and address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The Statutory Agent **must not** use a P.O. Box. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or whenever the Agent's designated mailing address changes.
- Section 3.** Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
- Section 4.** All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area.
- Section 5.** All business corporations must indicate the number of shares which they have authorized, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.
- Section 6.** All business corporations must indicate the list of applicable shareholders.
- Section 7.** Please list all principal officers. All corporations must have at least one duly authorized officer.
- Section 8.** Please list all directors. All corporations must have at least one director per A.R.S. §§10-803.A & 10-3803.A.
- Section 9.** All Nonprofit corporations must file a financial disclosure statement. Nonprofit corporations meet their obligation by attaching one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR 2) A copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR 3) A copy of the corporation's Treasurer's Report/Financial Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other forms of corporations are exempt from filing a financial disclosure. **All Nonprofit Corporations** must also indicate whether or not the corporation has members.
- Section 10.** All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box must supply the attachment required and explained in section 10.
- Section 11.** All corporations must check either YES or NO in the Statement of Bankruptcy. Those who check the "YES" box must supply the attachment required and explained in section 11.
- Section 12.** All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 ~~must acknowledge by signing the report. The report shall be at least one duly authorized officer.~~
- Sign & Mail the Check and Annual Report.** Business corporations must send \$45, Nonprofit corporations \$10.

MAKE CHECK PAYABLE TO:
MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION
c/o Annual Reports - Corporations Division
1300 West Washington or 400 West Congress
Phoenix, AZ 85007-2929 Tucson, AZ 85701-1347

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. Business corporations may purchase a copy of the Arizona Business Corporation Act, available from the Corporations Division at 1300 W. Washington (Phoenix) as a source of information. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.