



WEB FORM
COPY

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

AZ Corp. Commission



04756262



DUE ON OR BEFORE 06/09/2014

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.

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1. REGATTA POINTE CONDOMINIUM ASSOCIATION

AAM, LLC

1600 W. BROADWAY RD

STE 200

TEMPE, AZ 85282

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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: AAM, LLC

Physical Address:

1600 W. BROADWAY RD

City, State, Zip:

STE 200

City, State, Zip: TEMPE, AZ 85282

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstates \$ _____

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

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.

Name: _____

Name: _____

NONE ☒

Name: _____

Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: DEBBIE HILLName: MITCHELL VAN HORNTitle: PRESIDENTTitle: SECRETARYAddress: 1600 W BROADWAY RD STE 200Address: 1600 W BROADWAY RD STE 200TEMPE, AZ 85282TEMPE, AZ 85282

Date taking office: _____

Date taking office: _____

Name: MITCHELL VAN HORNName: LAURIE MITCHELLTitle: TREASURERTitle: VICE-PRESIDENTAddress: 1600 W BROADWAY RD STE 200Address: 1600 W BROADWAY RD STE 200TEMPE, AZ 85282TEMPE, AZ 85282

Date taking office: _____

Date taking office: _____

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.Name: JOANNE SANTILLO

Name: _____

Address: 1600 W BROADWAY RD STE 200

Address: _____

TEMPE, AZ 85282

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

AAM, LLC
1600 W Broadway Rd.
Suite 200
Tempe AZ 85282

6180 - Regatta Pointe BDR1 - Director 1

Name	Michael Lange	Home Phone	602-565-5835	Start Date		Note 1	FULL
Address	425 W Rio Salado Pkwy Unit 309	Work Phone	602-399-8697	End Date		Note 2	EMAL
		Fax Phone		Position	Board Director	Note 3	
	Tempe AZ 85281	Cell Phone				Note 4	
EEmail 1	mikelange34@yahoo.com			EEmail2	mikelange34@yahoo.com		

6180 - Regatta Pointe BDR2 - Director 2

Name	Joanne Santillo	Home Phone	914-299-4782	Start Date		Note 1	FULL
Address	34522 North Scottsdale Rd	Work Phone		End Date		Note 2	EMAL
	Ste 120-485	Fax Phone		Position	Board Director	Note 3	
	Scottsdale AZ 85266	Cell Phone				Note 4	
EEmail 1	joannesantillo@aol.com	joannesantillo@aol.com		EEmail2	joannesantillo@aol.com		
					joannesantillo@aol.com		

6180 - Regatta Pointe BPRES - President

Name	Debbie Hill	Home Phone		Start Date		Note 1	FULL
Address	2073 Kimberlin Pl	Work Phone	408-242-5315	End Date		Note 2	EMAL
		Fax Phone		Position	Board President	Note 3	
	Santa Clara CA 95051	Cell Phone				Note 4	
EEmail 1	debbie@lpmd-architects.com			EEmail2	debbie@lpmd-architects.com		

6180 - Regatta Pointe BSEC - Secretary

Name	Mitchell Van Horn	Home Phone	480-707-2670	Start Date		Note 1	FULL
Address	PO Box 51946	Work Phone	480-759-9511	End Date		Note 2	EMAL
		Fax Phone		Position	Board Secretary	Note 3	
	Phoenix AZ 85076	Cell Phone				Note 4	
EEmail 1	vhlanding@gmail.com			EEmail2	vhlanding@gmail.com		

6180 - Regatta Pointe BTRE - Treasurer

Name	Mitchell Van Horn	Home Phone	480-707-2670	Start Date		Note 1	FULL
Address	PO Box 51946	Work Phone	480-759-9511	End Date		Note 2	EMAL
		Fax Phone		Position	Board Sec/Treasurer	Note 3	
	Phoenix AZ 85076	Cell Phone				Note 4	
EEmail 1	vhlanding@gmail.com			EEmail2	vhlanding@gmail.com		

6180 - Regatta Pointe BVP - Vice President

Name	Laurie Mitchell	Home Phone	480-477-6369	Start Date		Note 1	FULL
Address	425 W Rio Salado Pkwy Unit 304	Work Phone	480-776-7851	End Date		Note 2	EMAL
		Fax Phone		Position	Board Vice President	Note 3	
	Tempe AZ 85281	Cell Phone	480-894-8616			Note 4	
EEmail 1	laurie.mitchell@outlook.com			EEmail2	laurie.mitchell@outlook.com		

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. Cooperative marketing associations must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

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 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" 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.
2. Full present name and prior names used.
3. Present home address.
4. All prior addresses for immediately 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.

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 Laurie P. Mitchell Date 05/20/14 Name _____ Date _____
Signature [Signature] Signature _____
Title Vice President Title _____

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