



WEB FORM COPY

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



DUE ON OR BEFORE 04/19/2008

FY07-08

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 on page 4 for proper format.

1. -0979889-9

STONERIDGE AT MOUNTAIN VIEW HOMEOWNERS' ASSOCIATION, INC.
% PMG SERVICES
2345 S ALMA SCHOOL RD #210
MESA, AZ 85210

RECEIVED
FEB 28 2008
ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

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

2. Statutory Agent: MARY JO EDEL Physical Address, If Different:
Mailing Address: % PMG SERVICES Physical Address:
2345 S ALMA SCHOOL RD #210 City, State, Zip:
City, State, Zip: MESA, AZ 85210

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstale \$ _____

Exposito \$ _____

Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

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.

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 | | NON-PROFIT CORPORATIONS |
|---|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing | 1. <input type="checkbox"/> Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining | 2. <input type="checkbox"/> Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media | 3. <input type="checkbox"/> Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical | 4. <input type="checkbox"/> Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing | 5. <input type="checkbox"/> Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock | 6. <input type="checkbox"/> Religious |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate | 7. <input type="checkbox"/> Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar | 8. <input type="checkbox"/> Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales | 9. <input type="checkbox"/> Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research | 10. <input type="checkbox"/> Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events | 11. <input type="checkbox"/> Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) | 12. <input type="checkbox"/> Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) | 13. <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio | 14. <input type="checkbox"/> Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services | 15. <input checked="" type="checkbox"/> Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation | 16. <input type="checkbox"/> Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities | 17. <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. 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. 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)
0		
0	NA	

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)
0		
0	NA	

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

Name: *See Attached* Name: _____
 Title: _____ Title: _____
 Address: _____ Address: _____
 Date taking office: _____ Date taking office: _____
 Name: _____ Name: _____
 Title: _____ Title: _____
 Address: _____ Address: _____
 Date taking office: _____ Date taking office: _____

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

Name: *See Attached* Name: _____
 Address: _____ Address: _____
 Date taking office: _____ Date taking office: _____
 Name: _____ Name: _____
 Address: _____ Address: _____
 Date taking office: _____ Date taking office: _____

Stoneridge at Mountain View
Homeowners Association
Board of Directors
2007

Angela LoBracco

President

Laura Omeroid

Treasurer

Jim Rhodes

Secretary

Mary Jo Edel

Assistant Secretary

All are: 2345 S. Alma School Rd., Suite 210
Mesa, AZ 85210

**Balance Sheet Current Period Report
Stoneridge at Mtn View HOA**

As of December 31, 2007

	<u>Balance Dec 31, 2007</u>
<u>Assets</u>	
<u>Operating</u>	
1101 - Operating 1st Nat Bank	7,649.80
1115 - Petty Cash (Board Control)	500.00
	<u>8,149.80</u>
Accounts Receivable	
1200 - Accounts Receivable	24,604.97
	<u>24,604.97</u>
Reserve Deposits	
1701 - Reserves 1st Nat Bank	10,685.97
1724 - CD 1st Nat Bk 5.00% 4/22/08	13,105.26
1725 - CD 1st Nat Bk 5.00% 10/22/08	13,102.74
	<u>36,893.97</u>
	<u>69,648.74</u>
<u>Liabilities</u>	
<u>Current Liabilities</u>	
2400 - Prepaid Assessments	4,663.00
	<u>4,663.00</u>
	<u>4,663.00</u>
<u>Owners' Equity</u>	
<u>Equity</u>	
3900 - Retained Earnings	38,361.77
3910 - Current Year Transfers to Reserves	(10,270.00)
	<u>28,091.77</u>

**Balance Sheet Current Period Report
Stoneridge at Mtn View HOA**

As of December 31, 2007

	<u>Balance Dec 31, 2007</u>
<u>Owners' Equity</u>	
<u>Reserves</u>	
3100 - Reserve Equity	31,310.76
3200 - Reserve Transfers	14,602.00
3270 - Reserve CC&R Compliance	960.00
3300 - Reserves Interest	603.50
3500 - Reserve Expenditures	(10,582.29)
Total Reserves	36,893.97
Total Owners' Equity	64,985.74
Income / (Loss)	0.00
Total Liabilities and Owner Equity	69,648.74

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

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

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/or 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 business 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, RECEIVERSHIP or CHARTER REVOCATION (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 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, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only] 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 Angela LoBRACCO Date 02/12/08 Name _____ Date _____
Signature Angela LoBRACCO Signature _____
Title President Title _____
(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)