



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

AZ Corp. Commission



02743178

DUE ON OR BEFORE 06/15/2008

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.

RECEIVED

1.

-1047346-1

RANCHO VISTA HOMEOWNERS ASSOCIATION

% ~~AAM LLC~~

~~7740 N 16TH ST #300~~

~~PHOENIX, AZ 85020~~

C/O Rossmar & Graham  
9362 E. Raintree Dr.  
Scottsdale, AZ 85260

RECEIVED

FEB 10 2009

APR 08 2009

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: ~~DAURA ZIFF~~ James Hanley

Physical Address, if Different.

Mailing Address: % ~~AAM LLC~~

Physical Address: C/O Rossmar & Graham

~~7740 N 16TH ST #300~~

City, State, Zip:

City, State, Zip: PHOENIX, AZ 85020

9362 E. Raintree Dr.  
Scottsdale, AZ 85260

ACC USE ONLY

Fee \$ \_\_\_\_\_

Penalty \$ \_\_\_\_\_

Reinstate \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

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

James Hanley

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 type="checkbox"/> 38. Other _____                     |

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. Animal Husbandry                                         |
| <input checked="" type="checkbox"/> 15. Homeowner's Association                       |
| <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Other _____                                              |

1. The first part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

2. The second part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

3. The third part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

4. The fourth part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

5. The fifth part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

6. The sixth part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

**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)

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:** (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. **Please Type or Print Clearly.**

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

NONE ☒

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

**7. OFFICERS** Please Type or Print Clearly. You Must List at Least One.

Name: Sean Thompson

Name: David J Deltzoff

Title: President

Title: Vice President

Address: Rossmar & Graham  
9362 E. Raintree Dr.  
Scottsdale, AZ 85260

Address: 10 Rossmar & Graham  
9362 E Raintree, Scottsdale AZ  
85260

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: Sean Thompson

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

Address: Rossmar & Graham  
9362 E. Raintree Dr.  
Scottsdale, AZ 85260

Address: \_\_\_\_\_

Date taking office: ✓

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

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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



01/28/2009  
12:44 PM

564 RANCHO VISTA HOMEOWNERS ASSOCIATION  
BALANCE SHEET  
12/31/2008

Page: 1

C/O ROSSMAR &  
GRAHAM  
9362 E RAINTREE DR  
SCOTTSDALE AZ  
85260

**ASSETS**

**OPERATING FUNDS**

US BANK 20,136.07

TOTAL OPERATING FUNDS 20,136.07

**RESERVE FUNDS**

US BANK RESERVES 21,855.94

TOTAL RESERVE FUNDS 21,855.94

TOTAL ASSETS 41,992.01

**LIABILITIES & EQUITY**

**LIABILITIES**

PREPAID ASSESSMENTS 11,463.71

TOTAL LIABILITIES 11,463.71

**HOMEOWNERS EQUITY**

**RESERVE EQUITY**

GENERAL 21,855.94

TOTAL RESERVE EQUITY 21,855.94

**OPERATING SURPLUS/(DEFICIT)**

P/Y SURPLUS/(DEFICIT) 16,157.86

CURRENT SURPLUS/(DEFICIT) (7,485.50)

TOTAL SURPLUS/(DEFICIT) 8,672.36

TOTAL LIABILITIES & EQUITY 41,992.01



**COMMISSIONERS**  
KRISTIN K. MAYES - Chairman  
GARY PIERCE  
PAUL NEWMAN  
SANDRA D. KENNEDY  
BOB STUMP



MICHAEL P. KEARNS  
Interim Executive Director  
  
LINDA FISHER  
Director, Corporations Division

**ARIZONA CORPORATION COMMISSION**

CORPORATIONS DIVISION  
1300 West Washington  
Phoenix, Arizona 85007-2929

**RANCHO VISTA HOMEOWNERS ASSOCIATION**  
**% ROSSMAR & GRAHAM**  
**9362 E RAINTREE DR**

**SCOTTSDALE, AZ 85260**

Effective Date: 03/06/2009  
File No: -1047346-1

Original Due Date: **June 15, 2008**

Received: 02/10/09

We have deposited your check, however your annual report is being returned for the following reason(s):

> Your corporation has been administratively dissolved/revoked. Corporations may reinstate within six years of administrative dissolution. The original corporate name may not be available after six months. Pursuant to A.R.S. 10-1622.G., Penalties accrue at the rate of \$9.00 per month. The reinstatement fee for business corporations is \$100.00 and the fee for non profits is \$25.00. See A.R.S. 10-1420-23, 10-1530-31, and 10-11420-22 for more information. All statutes can be viewed at the website [www.azleg.state.az.us](http://www.azleg.state.az.us).

In order to reinstate this corporation, all past due annual reports must be completed and submitted together with the fees and penalties that are due.

Forms can be downloaded from: [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations).

**IMPORTANT INFORMATION**

Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed timely filed. Refer to A.R.S. 10-1622.F for more information.

To successfully process your document, it is important for you to return:

- 1) A copy of this letter.
- 2) All annual report(s) which accompanied this letter (with corrections made).
- 3) Filing fee, penalties, or reinstatement fee, if due.
- 4) Additional forms if required.



**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;                                   |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

**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 Sean Thompson Date 07-22-08 Name DAVID J DEROFF Date 7/22/08Signature [Signature] Signature [Signature]Title President Title Vice President

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

