WEB FORM COPY

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

AZ Corp. Commission
01989417

DUE ON OR BEFORE 04/18/2005 FY04-05 **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
JAN 16 2007
ARIZONA CORP. COMMISSIO
CORPORATIONS DIVISION

1. -1124520-3
THE OVERLOOK AT SCOTTSDALE MOUNTAIN OWNERS ASSOCIATION, INC.
% SAMUEL L CIATU
16927 E SAGUARO BLVD
FOUNTAIN HILLS, AZ 85268

~~* DELINQUENT ANNUAL REPORT 12/11/2006. CONTACT THE COMMISSION AT 602-542-3285!~~

Business Phone:_____ (Business phone is optional.)

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

2. Statutory Agent: ~~SAMUEL L CIATU~~ Mitch Kellogg
Mailing Address: ~~16927 E SAGUARO BLVD~~
City, State, Zip: ~~FOUNTAIN HILLS, AZ 85268~~

Physical Address, If Different
Physical Address: 150 E. ALAMO #3
City, State, Zip: CHANDLER AZ 85225

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

Mitch Kellogg
Printed Name of new Statutory Agent

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CORPORATIONS DIVISION

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. 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 PRINT OR TYPE CLEARLY.

NONE ☑

Name: _____ Name: _____

Name: _____ Name: _____

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

Name: SEE ATTACHED LIST 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 PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

THE OVERLOOK AT SCOTTSDALE MOUNTAIN OWNERS ASSOCIATION, INC.
BOARD OF DIRECTORS LIST
FOR THE YEAR ENDED DECEMBER 31, 2005

OFFICERS

PRESIDENT
Sam Ciatu
P.O. BOX 27907
TEMPE, AZ 85285

1ST VICE PRESIDENT
N/A
P.O. BOX 27907
TEMPE, AZ 85285

2ND VICE PRESIDENT
N/A
P.O. BOX 27907
TEMPE, AZ 85285

SECRETARY
N/A
P.O. BOX 27907
TEMPE, AZ 85285

TREASURER
Gary Martinson
P.O. BOX 27907
TEMPE, AZ 85285

DIRECTORS

DIRECTOR
N/A
P.O. BOX 27907
TEMPE, AZ 85285

DIRECTOR
N/A
P.O. BOX 27907
TEMPE, AZ 85285

DIRECTOR
N/A
P.O. BOX 27907
TEMPE, AZ 85285

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TEMPE, AZ 85285

DIRECTOR
N/A
P.O. BOX 27907
TEMPE, AZ 85285

Overlook I at Scottsdale Mount.

Balance Sheet
As of 03/31/05

ASSETS

TOTAL ASSETS		$ .00

LIABILITIES & EQUITY

CURRENT LIABILITIES:		
Subtotal Current Liab.		$ .00
RESERVES:		
Subtotal Reserves		$ .00
EQUITY:		
Current Year Net Income/(Loss)	$ .00	
Subtotal Equity		$ .00
TOTAL LIABILITIES & EQUITY		$ .00

ARIZONA CORPORATION COMMISSION

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-

THE OVERLOOK AT SCOTTSDALE MOUNTAIN OWNERS ASSOCIATION, INC.
% SAMUEL L CIATU
16927 E SAGUARO BLVD

FOUNTAIN HILLS, AZ 85268 Effective Date: **03/28/2007**
File No: -1124520-3

Original Due Date: **April 18, 2005** Received: **01/16/07**

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

If you are appointing a new statutory agent, please cross out the previous statutory agents name and address and then write the new agents name and address directly next to or below crossed out information. The new agent must then consent to this appointment by signing the appropriate line in section 2 on page 1.

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) The annual report(s) which accompanied this letter (with corrections made).
3) Fee or penalties if marked due.
4) Additional forms if required, like to Affidavit of Publication.

AR: 0021
REV. 04/2000

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

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 SAM CIATU Date 1/11/07 Name _____ Date _____

Signature _____ Signature _____

Title PRESIDENT Title _____

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