



WEB FORM COPY

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

AZ Corp. Commission 01989418

DUE ON OR BEFORE 04/18/2006 FY05-06 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. COMMISSION 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 Physical Address, If Different:

Mailing Address: 16927 E SAGUARO BLVD City, State, Zip: FOUNTAIN HILLS, AZ 85268

Physical Address: 150 E. ALAMO #3 CHANDLER, AZ 85225

ACC USE ONLY

Fee \$ Penalty \$ Reinstatement \$ 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] Mitch Kellogg Printed Name of new Statutory Agent

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APR 23 2007

ARIZONA CORP. COMMISSION 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. Bonding/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. Raising/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. Religious 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

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**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)

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)

**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 Name: \_\_\_\_\_  
Title: LIST 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: \_\_\_\_\_

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**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  
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**DIRECTOR**  
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P.O. BOX 27907  
TEMPE, AZ 85285

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Overlook at Scottsdale Mount.  
Balance Sheet  
As of 12/31/05

ASSETS

Cash in Bank - Operating	\$	6,542.37	
Reserve		84,673.53	
		<u>                    </u>	
TOTAL ASSETS			\$ 91,215.90

LIABILITIES & EQUITY

~~CURRENT LIABILITIES:~~

Subtotal Current Liab.		<u>                    </u>	\$ .00
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RESERVES:

Reserve Equity	\$	84,673.53	
		<u>                    </u>	
Subtotal Reserves			\$ 84,673.53

EQUITY:

Retained Earnings	\$	500.00	
Current Year Net Income/(Loss)		6,042.37	
		<u>                    </u>	
Subtotal Equity			\$ 6,542.37
TOTAL LIABILITIES & EQUITY			\$ 91,215.90

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities.

2. It then goes on to describe the various methods used to collect and analyze data, including interviews, surveys, and focus groups.

3. The next section details the results of the research, highlighting the key findings and their implications for practice.

4. Finally, the document concludes with a discussion of the limitations of the study and suggestions for future research.

5. The overall goal of this research is to provide a comprehensive understanding of the factors that influence the success of various programs and initiatives.

6. By identifying the key drivers of success and the barriers to implementation, we can develop more effective strategies and interventions.

7. This research is based on a solid theoretical foundation and a rigorous methodological approach, ensuring the reliability and validity of the findings.

8. The results of this study have significant implications for a wide range of stakeholders, including policymakers, practitioners, and researchers.

9. We hope that this research will contribute to the ongoing efforts to improve the effectiveness and efficiency of various programs and initiatives.

10. The data presented in this report is based on a sample of participants and may not be representative of the entire population.

11. Further research is needed to explore the long-term effects of the interventions and to identify the most effective strategies for implementation.

12. The authors would like to thank the participants and staff who made this research possible.

13. This research was supported by the National Institute of Health and the Department of Education.

14. The authors have no conflicts of interest to disclose.

15. For more information, please contact the corresponding author at [email address].

COMMISSIONERS  
LEASON - Chairman  
WILLIAM A. MUNDELL  
JEFF HATCH-MILLER  
KRISTIN K. MAYES  
GARY PIERCE



ARIZONA CORPORATION COMMISSION

BRIAN C. MCNEIL  
Executive Director  
  
LINDA FISHER  
Director, Corporations Division

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, 2006

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.

> Please resubmit both reports together.

**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

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Section header or title, very faint and illegible.

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Middle column of text in the bottom section, very faint.

Right column of text in the bottom section, very faint.

**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 SAM CIATU Date 1/11/07 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature *[Handwritten Signature]* Signature \_\_\_\_\_

Title PRESIDENT Title \_\_\_\_\_

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

