



WEB FORM
COPY

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

AZ Corp. Commission



03198514

DUE ON OR BEFORE 06/15/2010

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.

-1249610-7

1. **THE RAVEN CONDOMINIUM ASSOCIATION
% PILLAR MANAGEMENT
7010 E ACOMA DR #204
SCOTTSDALE, AZ 85254**

RECEIVED

JUL 27 2010

RECEIVED

JUN 14 2010

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: 480-471-6806 (Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: SEAN CANNON

Mailing Address: 4300 N MILLER RD #110

City, State, Zip: SCOTTSDALE, AZ 85251

Statutory Agent's Street or Physical Address, if Different.

Physical Address:

City, State, Zip:

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstate \$ _____

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)

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:(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: DAVID BARNES

Name: _____

Title: PRESIDENT

Title: _____

Address: 4768 BLENHEIM ST

Address: _____

VANCOUVER BC

V6L 3A6, XX x

Date taking office: 1/1/2008

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: DAVID BARNES

Name: _____

Address: 4768 BLENHEIM ST

Address: _____

VANCOUVER BC

V6L 3A6, XX x

Date taking office: 1/1/2008

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

