



WEB FORM COPY

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

AZ Corp. Commission



02346626



DUE ON OR BEFORE 04/30/2008

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. -1274248-4
PASEO POINTE HOMEOWNERS ASSOCIATION
% AAM, LLC
7740 N 16TH ST #300
PHOENIX, AZ 85020

RECEIVED

MAR 14 2008

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone: (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Statutory Agent: LAURA ZIFF Physical Address, If Different:
Mailing Address: % AAM, LLC Physical Address:
7740 N 16TH ST #300 City, State, Zip:
City, State, Zip: PHOENIX, AZ 85020

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

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. 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)
0		
0		

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		

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: <u>SEE ATTACHED</u>	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: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
DATE TAKING OFFICE: _____	DATE TAKING OFFICE: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
DATE TAKING OFFICE: _____	DATE TAKING OFFICE: _____

PASEO POINTE HOMEOWNERS ASSOCIATION
BOARD OF DIRECTORS
FILE ID # 1274248-4

Officers:

President:

SKIP CRANDALL
7740 N. 16TH STREET #300
PHOENIX, AZ 85020

Vice President:

RYAN BETTES
7740 N. 16TH STREET #300
PHOENIX, AZ 85020

Secretary:

NICOLAS JAUREQUI
7740 N. 16TH STREET #300
PHOENIX, AZ 85020

Treasurer:

DIANA MYERS
7740 N. 16TH STREET #300
PHOENIX, AZ 85020

Directors:

NANCY CHRISTMAN
7740 N. 16TH STREET #300
PHOENIX, AZ 85020

01/09/2008
9:33 AM

6540 Paseo Pointe Homeowners Association
Balance Sheet
12/31/2007

Page: 1

7740 N 16th St
Suite 300
Phoenix AZ 85020

Acct #

ASSETS

	OPERATING FUNDS	
1100	Operating Checking	263.63

	TOTAL OPERATING FUNDS	263.63
	RESERVE FUNDS	
1150	Reserve Savings	6,478.07

	TOTAL RESERVE FUNDS	6,478.07
	OTHER ASSETS	
1505	Loan Receivable From Operating Fund	5,000.00

	TOTAL OTHER ASSETS	5,000.00

	TOTAL ASSETS	11,741.70
		=====

LIABILITIES

	LIABILITIES	
2105	Loan Payable To Reserve Fund	5,000.00

	TOTAL LIABILITIES	5,000.00

EQUITY

3501	Members' Equity	1,000.00
	Current Year Surplus/(Deficit)	5,741.70

	TOTAL EQUITY	6,741.70

	TOTAL LIABILITIES & EQUITY	11,741.70
		=====

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 X Skip Crandall Date X 3-12-08 Name _____ Date _____
 Signature X [Signature] Signature _____
 Title X HOA President Title _____

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