



WEB FORM COPY

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

AZ Corp. Commission



02451372

DUE ON OR BEFORE 04/19/2008

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. -1286252-2 LION'S GATE COMMUNITY ASSOCIATION 3200 E CAMELBACK RD #300 PHOENIX, AZ 85018

RECEIVED

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JUL 07 2008

MAY 21 2008

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone: (602) 954-9257 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: BETSY ROSS RETCHIN Mailing Address: 2658 E CAMELBACK RD STE 313 City, State, Zip: PHOENIX, AZ 85016

Physical Address, if Different.

Physical Address: R & R PROPERTY MANAGEMENT LLC 4742 N. 24th Street, Suite 325 Phoenix, Arizona 85016

ACC USE ONLY Fee \$ Penalty \$ Reinstates \$ 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).

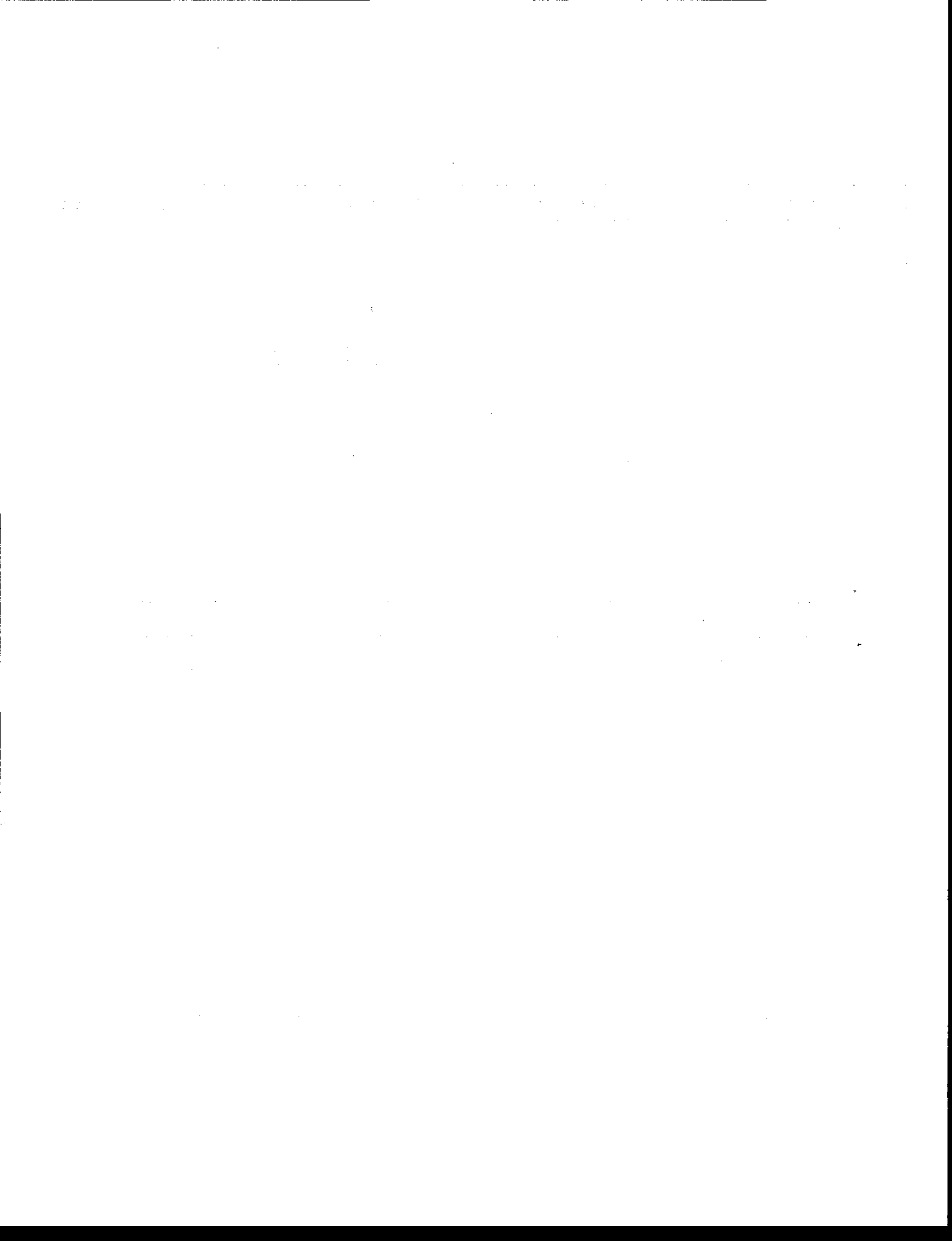
4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- 1. Accounting 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)
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: ERIK JENSEN
 Title: SECRETARY/TREASURER
 Address: 4742 N. 24TH ST., STE. 325
PHOENIX, AZ 85016

Name: _____
 Title: _____
 Address: _____

Date taking office: 9/1/2006
 Name: _____
 Title: _____
 Address: _____

Date taking office: _____
 Name: _____
 Title: _____
 Address: _____

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: _____
 Address: _____
 Date taking office: _____

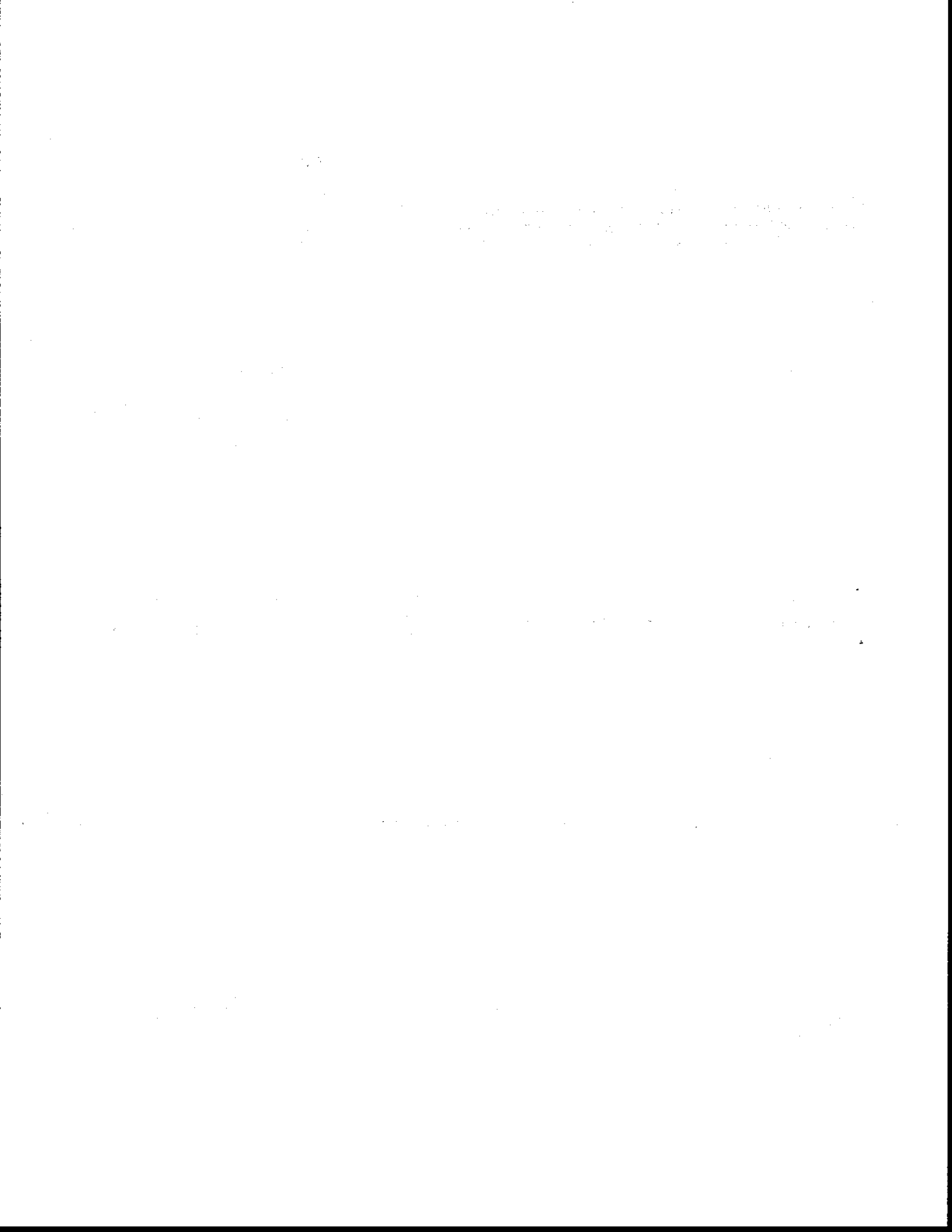
Name: _____
 Address: _____
 Date taking office: _____

Name: ERIK JENSEN
 Address: 4742 N. 24TH ST., STE. 325
PHOENIX, AZ 85016

Name: _____
 Address: _____

Date taking office: 9/1/2006

Date taking office: _____



Lions Gate Community Assoc

Balance Sheet
As of 05/31/08

ASSETS

1040	Cash Checking-Operating	\$	983.36	
	TOTAL ASSETS		<u>983.36</u>	\$ 983.36 =====

LIABILITIES & EQUITY

CURRENT LIABILITIES:

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

	Subtotal Reserves		<u> </u>	\$.00
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EQUITY:

	Current Year Net Income/(Loss)	\$	983.36	
	Subtotal Equity		<u>983.36</u>	\$ 983.36
	TOTAL LIABILITIES & EQUITY		<u>983.36</u>	\$ 983.36 =====



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



BRIAN C. MCNEIL
Executive Director

LINDA FISHER
Director, Corporations Division

ARIZONA CORPORATION COMMISSION

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

LION'S GATE COMMUNITY ASSOCIATION
% R&R PROPERTY MANAGEMENT LLC
4742 N 24TH ST
325
PHOENIX, AZ 85016

Effective Date: 06/30/2008
File No: -1286252-2

Original Due Date: April 19, 2008

Received: 05/21/08

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

- > ✓ Please see page 3, section 9 of the annual report for Financial Disclosure requirements. Non profit corporations must attach a statement of financial condition (Example: income/expense statement or a balance sheet that lists assets and liabilities).

✓ Please complete page 3 of the annual report form. Two or more items on page 3 were not completed, please refer to the instruction page for more information. Make sure that sections 10-12 on page 3 are complete for profit corporations and 9-12 on page 3 are complete for non-profit 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, like the Affidavit of Publication.

AR: 0021
REV. 03/2008



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 ERIK JENSEN

Date 5/9/08

Name _____

Date _____

Signature 

Signature _____

Title SECRETARY/TREASURER

Title _____

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

