

STATE OF ARIZONA CORPORATION COMMISSION																																																										
CORPORATION ANNUAL REPORT																																																										
&																																																										
CERTIFICATE OF DISCLOSURE																																																										
DUE ON OR BEFORE: 5/30/2023 12:00:00 AM	FILING FEE: \$																																																									
<p>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.</p>																																																										
1. File # 12898235																																																										
MOUNTAINGATE HOME OWNERS ASSOCIATION, INC.																																																										
5410 N Saint Andrews Dr, LAKESIDE, AZ 85929																																																										
Business Phone:	Business Email Address: mghomesho@aol.com																																																									
State of Domicile: AZ	Type of Corporation: Domestic Nonprofit Corporation																																																									
2. Statutory Agent name and address (MUST both be in Arizona): BRENDA ANDERSON																																																										
Street or physical address: 5410 N SAINT ANDREWS, LAKESIDE, AZ 85929																																																										
Mailing (if different than street): PO Box 213, LAKESIDE, AZ 85929																																																										
<p>2.1 If appointing a new statutory agent, the new agent MUST consent to the appointment by signing below.</p> <p style="text-align: center;">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.</p>																																																										
_____ Signature of new Statutory Agent																																																										
_____ Printed Name of new Statutory Agent																																																										
3. Principal Office Address (street address required; foreign corporations must complete-see Instructions):																																																										
5410 N SAINT ANDREWS DR, LAKESIDE, AZ 85929																																																										
4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.																																																										
<p>BUSINESS CORPORATIONS</p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> 1. Accounting</td><td><input type="checkbox"/> 20. Manufacturing</td></tr> <tr><td><input type="checkbox"/> 2. Advertising</td><td><input type="checkbox"/> 21. Mining</td></tr> <tr><td><input type="checkbox"/> 3. Aerospace</td><td><input type="checkbox"/> 22. News Media</td></tr> <tr><td><input type="checkbox"/> 4. Agriculture</td><td><input type="checkbox"/> 23. Pharmaceutical</td></tr> <tr><td><input type="checkbox"/> 5. Architecture</td><td><input type="checkbox"/> 24. Publishing/Printing</td></tr> <tr><td><input type="checkbox"/> 6. Banking/Finance</td><td><input type="checkbox"/> 25. Ranching/Livestock</td></tr> <tr><td><input type="checkbox"/> 7. Barbers/Cosmetology</td><td><input type="checkbox"/> 26. Real Estate</td></tr> <tr><td><input type="checkbox"/> 8. Construction</td><td><input type="checkbox"/> 27. Restaurant/Bar</td></tr> <tr><td><input type="checkbox"/> 9. Contractor</td><td><input type="checkbox"/> 28. Retail Sales</td></tr> <tr><td><input type="checkbox"/> 10. Credit/Collection</td><td><input type="checkbox"/> 29. Science/Research</td></tr> <tr><td><input type="checkbox"/> 11. Education</td><td><input type="checkbox"/> 30. Sports/Sporting Events</td></tr> <tr><td><input type="checkbox"/> 12. Engineering</td><td><input type="checkbox"/> 31. Technology(Computers)</td></tr> <tr><td><input type="checkbox"/> 13. Entertainment</td><td><input type="checkbox"/> 32. Technology(General)</td></tr> <tr><td><input type="checkbox"/> 14. General Consulting</td><td><input type="checkbox"/> 33. Television/Radio</td></tr> <tr><td><input type="checkbox"/> 15. Health Care</td><td><input type="checkbox"/> 34. Tourism/Convention Services</td></tr> <tr><td><input type="checkbox"/> 16. Hotel/Motel</td><td><input type="checkbox"/> 35. Transportation</td></tr> <tr><td><input type="checkbox"/> 17. Import/Export</td><td><input type="checkbox"/> 36. Utilities</td></tr> <tr><td><input type="checkbox"/> 18. Insurance</td><td><input type="checkbox"/> 37. Veterinary Medicine/Animal Care</td></tr> <tr><td><input type="checkbox"/> 19. Legal Services</td><td><input type="checkbox"/> 38. Other _____</td></tr> </table>		<input type="checkbox"/> 1. Accounting	<input type="checkbox"/> 20. Manufacturing	<input type="checkbox"/> 2. Advertising	<input type="checkbox"/> 21. Mining	<input type="checkbox"/> 3. Aerospace	<input type="checkbox"/> 22. News Media	<input type="checkbox"/> 4. Agriculture	<input type="checkbox"/> 23. Pharmaceutical	<input type="checkbox"/> 5. Architecture	<input type="checkbox"/> 24. Publishing/Printing	<input type="checkbox"/> 6. Banking/Finance	<input type="checkbox"/> 25. Ranching/Livestock	<input type="checkbox"/> 7. Barbers/Cosmetology	<input type="checkbox"/> 26. Real Estate	<input type="checkbox"/> 8. Construction	<input type="checkbox"/> 27. Restaurant/Bar	<input type="checkbox"/> 9. Contractor	<input type="checkbox"/> 28. Retail Sales	<input type="checkbox"/> 10. Credit/Collection	<input type="checkbox"/> 29. Science/Research	<input type="checkbox"/> 11. Education	<input type="checkbox"/> 30. Sports/Sporting Events	<input type="checkbox"/> 12. Engineering	<input type="checkbox"/> 31. Technology(Computers)	<input type="checkbox"/> 13. Entertainment	<input type="checkbox"/> 32. Technology(General)	<input type="checkbox"/> 14. General Consulting	<input type="checkbox"/> 33. Television/Radio	<input type="checkbox"/> 15. Health Care	<input type="checkbox"/> 34. Tourism/Convention Services	<input type="checkbox"/> 16. Hotel/Motel	<input type="checkbox"/> 35. Transportation	<input type="checkbox"/> 17. Import/Export	<input type="checkbox"/> 36. Utilities	<input type="checkbox"/> 18. Insurance	<input type="checkbox"/> 37. Veterinary Medicine/Animal Care	<input type="checkbox"/> 19. Legal Services	<input type="checkbox"/> 38. Other _____	<p>NON-PROFIT CORPORATIONS</p> <table style="width: 100%; border: none;"> <tr><td>1. <input type="checkbox"/> Charitable</td></tr> <tr><td>2. <input type="checkbox"/> Benevolent</td></tr> <tr><td>3. <input type="checkbox"/> Educational</td></tr> <tr><td>4. <input type="checkbox"/> Civic</td></tr> <tr><td>5. <input type="checkbox"/> Political</td></tr> <tr><td>6. <input type="checkbox"/> Religious</td></tr> <tr><td>7. <input type="checkbox"/> Social</td></tr> <tr><td>8. <input type="checkbox"/> Literary</td></tr> <tr><td>9. <input type="checkbox"/> Cultural</td></tr> <tr><td>10. <input type="checkbox"/> Athletic</td></tr> <tr><td>11. <input type="checkbox"/> Science/Research</td></tr> <tr><td>12. <input type="checkbox"/> Hospital/Health Care</td></tr> <tr><td>13. <input type="checkbox"/> Agricultural</td></tr> <tr><td>14. <input type="checkbox"/> Cooperative Marketing Assoc.</td></tr> <tr><td>15. <input type="checkbox"/> Animal Husbandry</td></tr> <tr><td>16. <input checked="" type="checkbox"/> Homeowner's Association</td></tr> <tr><td>17. <input type="checkbox"/> Professional, commercial Industrial or trade association</td></tr> <tr><td>18. <input type="checkbox"/> Other _____</td></tr> </table>	1. <input type="checkbox"/> Charitable	2. <input type="checkbox"/> Benevolent	3. <input type="checkbox"/> Educational	4. <input type="checkbox"/> Civic	5. <input type="checkbox"/> Political	6. <input type="checkbox"/> Religious	7. <input type="checkbox"/> Social	8. <input type="checkbox"/> Literary	9. <input type="checkbox"/> Cultural	10. <input type="checkbox"/> Athletic	11. <input type="checkbox"/> Science/Research	12. <input type="checkbox"/> Hospital/Health Care	13. <input type="checkbox"/> Agricultural	14. <input type="checkbox"/> Cooperative Marketing Assoc.	15. <input type="checkbox"/> Animal Husbandry	16. <input checked="" type="checkbox"/> Homeowner's Association	17. <input type="checkbox"/> Professional, commercial Industrial or trade association	18. <input type="checkbox"/> Other _____
<input type="checkbox"/> 1. Accounting	<input type="checkbox"/> 20. Manufacturing																																																									
<input type="checkbox"/> 2. Advertising	<input type="checkbox"/> 21. Mining																																																									
<input type="checkbox"/> 3. Aerospace	<input type="checkbox"/> 22. News Media																																																									
<input type="checkbox"/> 4. Agriculture	<input type="checkbox"/> 23. Pharmaceutical																																																									
<input type="checkbox"/> 5. Architecture	<input type="checkbox"/> 24. Publishing/Printing																																																									
<input type="checkbox"/> 6. Banking/Finance	<input type="checkbox"/> 25. Ranching/Livestock																																																									
<input type="checkbox"/> 7. Barbers/Cosmetology	<input type="checkbox"/> 26. Real Estate																																																									
<input type="checkbox"/> 8. Construction	<input type="checkbox"/> 27. Restaurant/Bar																																																									
<input type="checkbox"/> 9. Contractor	<input type="checkbox"/> 28. Retail Sales																																																									
<input type="checkbox"/> 10. Credit/Collection	<input type="checkbox"/> 29. Science/Research																																																									
<input type="checkbox"/> 11. Education	<input type="checkbox"/> 30. Sports/Sporting Events																																																									
<input type="checkbox"/> 12. Engineering	<input type="checkbox"/> 31. Technology(Computers)																																																									
<input type="checkbox"/> 13. Entertainment	<input type="checkbox"/> 32. Technology(General)																																																									
<input type="checkbox"/> 14. General Consulting	<input type="checkbox"/> 33. Television/Radio																																																									
<input type="checkbox"/> 15. Health Care	<input type="checkbox"/> 34. Tourism/Convention Services																																																									
<input type="checkbox"/> 16. Hotel/Motel	<input type="checkbox"/> 35. Transportation																																																									
<input type="checkbox"/> 17. Import/Export	<input type="checkbox"/> 36. Utilities																																																									
<input type="checkbox"/> 18. Insurance	<input type="checkbox"/> 37. Veterinary Medicine/Animal Care																																																									
<input type="checkbox"/> 19. Legal Services	<input type="checkbox"/> 38. Other _____																																																									
1. <input type="checkbox"/> Charitable																																																										
2. <input type="checkbox"/> Benevolent																																																										
3. <input type="checkbox"/> Educational																																																										
4. <input type="checkbox"/> Civic																																																										
5. <input type="checkbox"/> Political																																																										
6. <input type="checkbox"/> Religious																																																										
7. <input type="checkbox"/> Social																																																										
8. <input type="checkbox"/> Literary																																																										
9. <input type="checkbox"/> Cultural																																																										
10. <input type="checkbox"/> Athletic																																																										
11. <input type="checkbox"/> Science/Research																																																										
12. <input type="checkbox"/> Hospital/Health Care																																																										
13. <input type="checkbox"/> Agricultural																																																										
14. <input type="checkbox"/> Cooperative Marketing Assoc.																																																										
15. <input type="checkbox"/> Animal Husbandry																																																										
16. <input checked="" type="checkbox"/> Homeowner's Association																																																										
17. <input type="checkbox"/> Professional, commercial Industrial or trade association																																																										
18. <input type="checkbox"/> 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.

5.1. Authorized shares/certificates: find the number of authorized shares in the corporation's original Articles of Incorporation.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)

Entity Name: MOUNTAINGATE HOME OWNERS ASSOCIATION, INC. Entity ID: 12898235

Issued shares/certificates: 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.

None Name: Name:
 Name: Name:

7. OFFICERS (both name and address required):

President: Mike Ludden - 5422 N Saint Andrews Dr, LAKESIDE, AZ, 85929, USA - mghomeshoa@aol.com - Date of Taking Office: 07/18/2022
 Secretary: Brenda Anderson - 5410 N Saint Andrews Dr, LAKESIDE, AZ, 85929, USA - mghomeshoa@aol.com - Date of Taking Office: 11/28/2022
 Treasurer: Robert Matteson - 5441 W Glenn Abbey Trail, Lakeside, AZ, 85929, USA - mghomeshoa@aol.com - Date of Taking Office: 11/28/2022
 Vice-President: Dennis Brigham - 5419 N Saint Andrews Drive, Lakeside, AZ, 85929, USA - mghomeshoa@aol.com - Date of Taking Office: 11/28/2022

8. DIRECTORS (both name and address required):

Director: Brenda Anderson - 5410 N Saint Andrews Dr, LAKESIDE, AZ, 85929, USA - mghomeshoa@aol.com - Date of Taking Office: 07/18/2022
 Director: Gil Alzaga - 5409 N Saint Andrews Drive, Lakeside, AZ, 85929, USA - mghomeshoa@aol.com - Date of Taking Office: 11/28/2022

9. FINANCIAL DISCLOSURE (A.R.S. §10-2019) Cooperative marketing associations must submit a financial statement. All other types of corporations are not required to file a financial statement.

10. ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION - MEMBERS (A.R.S. §10-11622(A)(6))
 This corporation DOES DOES NOT have members.

11. **CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))**

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

- 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. 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?

Entity Name: MOUNTAINGATE HOME OWNERS ASSOCIATION, INC.

Entity ID: 12898235

One box must be marked: YES NO

If "YES" to A, 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 birth name.
- 2. Full present name and prior names used.
- 3. Present home address.
- 4. All prior addresses for immediately preceding 7 year period.
- 5. Date and location of birth.
- 6. 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.

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES NO

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

12. **STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)**

A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES NO

If "Yes" to A, the following information must be submitted as an attachment to this report:

- 1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty percent of the issued and outstanding shares or twenty percent of any proprietary, beneficial or membership interest in the corporation.
- 2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

13. **SIGNATURES:**

I/we declare, under penalty of perjury, 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/we further declare under penalty of perjury 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.

Printed Name MIKE LUDDEN Printed Name BRENDA ANDERSON
 Signature Mike Ludden Signature Brenda Anderson
 Title PRESIDENT Date 3-10-23 Title SECRETARY Date 3-10-2023

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

Entity Name: MOUNTAINGATE HOME OWNERS ASSOCIATION, INC.

Entity ID: 12898235

Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW THESE DIRECTIONS!