



COPY

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



**DUE ON OR BEFORE 11/12/2018**

**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.

19647594

1. CABALLO CROSSING HOMEOWNERS ASSOCIATION  
 AAM, LLC.  
 1600 W BROADWAY RD STE 200

TEMPE, AZ 85282

Business Phone: \_\_\_\_\_  
 State of Domicile: ARIZONA

(Business phone is optional.)

Type of Corporation: NON-PROFIT

2.

Statutory Agent: AMANDA SHAW  
 Mailing Address: 1600 W BROADWAY RD STE 200  
 City, State, Zip: TEMPE, AZ 85282

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

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
- 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 N/A

**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 \_\_\_\_\_

19647594 CABALLO CROSSING HOMEOWNERS ASSOCIATION

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)
N/A

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)
N/A

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 [checked] Name: Name:
Name: Name:

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: KEVIN RUST Name: JOYCE LOGGINS
Title: PRESIDENT Title: SECRETARY
Address: 1600 W BROADWAY RD STE 200 Address: 1600 W BROADWAY RD STE 200
TEMPE, AZ 85282 TEMPE, AZ 85282

Date taking office: Date taking office:
Name: Name: CHRIS BRAMWELL
Title: Title: VICE-PRESIDENT
Address: Address: 1600 W BROADWAY RD STE 200
TEMPE, AZ 85282

Date taking office: Date taking office:

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

Name: KEVIN RUST Name:
Address: 1600 W BROADWAY RD STE 200 Address:
TEMPE, AZ 85282

Date taking office: Date taking office:
Name: Name:
Address: Address:

Date taking office: Date taking office:

Please Enter Corporation Name: CABALLO CROSSING HOMEOWNERS ASSOCIATION File num \_\_\_\_\_

**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))**

**Nonprofits** – financial disclosure is no longer required. **Cooperative marketing associations** – must submit a financial statement. All other types of corporations are not required to file a financial statement.

**ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**

**9A. MEMBERS (A.R.S. §10-11622(A)(6))** This corporation **DOES**  **DOES NOT**  have members.

**10. 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 five 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 five 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 five 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" 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.   | 5. Date and location of birth.  |
| 2. Full present name and prior names used.                      | 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. |
| 3. Present home address.  |   |
| 4. All prior addresses for immediately preceding 5 year period. |   |

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.

**11. 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 per cent of the issued and outstanding shares or twenty per cent 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.

**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 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 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.

Name Kevin Rust Date 9/24/18 Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature [Signature] Signature \_\_\_\_\_  
 Title PRESIDENT Title \_\_\_\_\_

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

**HB 2084 – ASSOCIATION DISCLOSURE**

1. Legal/Corporate Name of Association:

***Caballo Crossing Homeowners Association***

2. Address of Association:

***103<sup>rd</sup> Avenue & Buckeye Road, Tolleson, AZ 85353***

3. Name of Designated Agent or Management Company:

***Amanda Shaw c/o AAM, LLC***

4. Association or management company's phone number:

***602-957-9191***

5. Email Address:

***StatutoryAgent@AssociatedAsset.com***

6. Website (if any):

***http://www.caballocrossing.org***

7. Fax Number (if any)

***602-957-8802***

AAM, LLC  
 1600 W Broadway Rd.  
 Suite 200  
 Tempe AZ 85282

2620 - Caballo Crossing BBPR - Builder BOD Presiden							
Name	Kevin Rust	Home Phone		Start Date		Note 1	ABRV
Address	Mattamy Homes	Work Phone		End Date		Note 2	EMAL
	9200 E Pima Center Pkwy #230	Fax Phone		Position	President	Note 3	
	Scottsdale AZ 85258	Cell Phone				Note 4	
EEmail 1	kevin.rust@mattamycorp.com			EEmail2			
2620 - Caballo Crossing BBSE - Builder BOD Sec							
Name	Joyce Loggins	Home Phone		Start Date		Note 1	FULL
Address	Mattamy Homes	Work Phone		End Date		Note 2	EMAL
	9200 E Pima Center Pkwy #230	Fax Phone		Position	Secretary/Treasurer	Note 3	
	Scottsdale AZ 85258	Cell Phone				Note 4	
EEmail 1	joyce.loggins@mattamycorp.com			EEmail2			
2620 - Caballo Crossing BBVP - Builder BOD Vice Pre							
Name	Dan Hemken	Home Phone		Start Date		Note 1	
Address	Mattamy Homes	Work Phone		End Date		Note 2	
	9200 E Pima Center Pkwy #230	Fax Phone		Position	Vice President	Note 3	
	Scottsdale AZ 85258	Cell Phone				Note 4	
EEmail 1	Dan.Hemken@mattamycorp.com			EEmail2			