



WEB FORM COPY

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



05472188



DUE ON OR BEFORE 01/30/2016

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.

19808729

- 1. Inspire on Earll Condominiums Homeowners' Association 4645 E. COTTON GIN LOOP PHOENIX, AZ 85040

RECEIVED

APR 22 2016

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone: (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

- 2. Statutory Agent: PATTI GARVIN Statutory Agent's Street or Physical Address, If Different: Mailing Address: 4645 E COTTON GIN LOOP Physical Address: City, State, Zip: PHOENIX, AZ 85040

ACC USE ONLY Fee \$ Penalty \$ Reinstatement \$ 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 Patti Garvin 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. Barber/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. 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.

NONE Name: _____ Name: _____
Name: _____ Name: _____

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

Name: Robert Lyles Name: Patricia Watts
Title: President Title: Treasurer/Secretary
Address: 4645 East Cotton Gin Loop Address: 4645 East Cotton Gin Loop
Phoenix, AZ 85040 Phoenix, AZ 85040
Date taking office: 1/30/2015 Date taking office: 1/30/2015

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: Robert Lyles Name: Patricia Watts
Address: 4645 East Cotton Gin Loop Address: 4645 East Cotton Gin Loop
Phoenix, AZ 85040 Phoenix, AZ 85040
Date taking office: 1/30/2015 Date taking office: 1/30/2015

Name: _____ Name: _____
Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Inspire on Earll Condominiums Homeowners' Association
4645 E. Cotton Gin Loop
Phoenix, AZ 85040
(602) 437-4777
(602) 437-4770 fax

Inspire on Earll Condominiums Homeowners' Association is professionally managed by:

City Property Management Company



www.cityproperty.com

Phone: 602-437-4777

Fax: 602-437-4770

Toll-Free: 877-970-4777

CITYCYNC Homeowner Access: <https://homeowners.cityproperty.com>

Homeowner Email Contact: customercare@cityproperty.com

Title Company/Escrow Contact: resales@cityproperty.com