

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



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SCOTTSDALE, AZ 85250

FY00-01

FILING FEE \$10.00

17. __ Other____

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised 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 for proper format. REFER TO THE **INSTRUCTIONS ON PAGE 4.**

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GOLDEN KEYS CENTRAL HOMEOWNERS' ASSOCIAT % ALTERNATIVE PROP MGMT INC 6609 N SCOTTSDALE RD #103

__ 38. Other _

__ 18. insurance

__ 19. Legal Services

37. Veterinary Medicine/Animal Care

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ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

<u></u>				The second secon
	Business Phone:	(Business phone is op		
	State of Domicile: ARIZONA	Type of Corporation	on: NON-PROFIT	
≥.	Arizona Statutory Agent: Street Address:	SUSAN MILLER 6609 N SCOTTSDALE	RD #103	
	(NOT P.O. BOX) City, State, Zip:	SCOTTSDALE	AZ 85250-	`.
	Use t	his box only if app	pointing a new St	atutory Agent
	Penalty \$	iff if) or We, (corporation or limited Agent, do hereby consent to	d liability company) having l	been designated the new
	Expedite \$) iaw.	•	
		<u></u>		
	Resubmit \$	Signature of new Statute	ory Agent	,1
<u>}.</u>	Secondary Address: 20 (Foreign Corporations are REQUIRED to complete this section.)	02083		
1.	Check the one category below wh	ich best describes the CHAR.	ACTER OF BUSINESS of	your corporation.
	2. Advertising 21. M 3. Aerospace 22. N 4. Agriculture 23. Pl	lanufacturing	NON-PROFIT CORPO	<u>JHATIONS</u>
•		lanching/Livestock leal Estate lestaurant/Bar letait Sales earch ports/Sporting Events	6. Religious 7. Social 8. Literary 9. Cultural 10. Athletic 11. Science/Researd	ch
	12. Engineering31. To32. To32. To33. To	echnology(Computers) echnology(General) elevision/Radio ourism/Convention Services ransportation	12. Hospital/Health 0 13. Agricultural 14. Animal Husband 15. Homeowner's As 16. Professional, cor	Care ry ssociation mmercial
	17. Import/Export 36. U	tilities	industrial or trade	a association

the trust estate020 87/-0 Number of Shares/Certificates Authorized	Class Series Within Class (if any)
Number of onares certificates Authorized	Series Within Class (II any)
Number of Shares/Certificates Issued C	Class Series Within Class (if any)
	ss Trusts are REQUIRED to complete this section.) thares issued by the corporation, or having more than a 20% upe or Print Clearly.
Name:	Name:
NONE -	Mana
	Name:
7. OFFICERS Please Type or Print Clearly.	
Name: JUDI PATRICK	Name: Ric Meza, V.P.
Title: PRES	Title: 7030 N. 28th Ave
Address: 7033 N. 287# Aue	Address: Phx Az 8505/
Phoenix Az 85051	· · · · · · · · · · · · · · · · · · ·
Date taking office: 7 00	Date taking office: 7 60
Name: Rick Williams	Name: Ann McGeo, Treas
Title: <u>Seerelory</u>	Title: 7118 N. 28th Dr
Address: 7051 N. 28th Aug	Address: Pwx Az 85051
Pnx Az 85051	-
Date taking office: 100	Date taking office:
8. <u>DIRECTORS</u> Please Type or Print Clearly.	
Name:	Name:
Address: <u>Same</u>	Address:
Date taking office:	Date taking office:
Name: <u>Same</u>	Name:
Address:	
Date taking office:	Date taking office:

GOLDEN KEYS CENTRAL Balance Sheet As of 01/31/01

ASSETS

Cash - Operating Cash Reserves - General	\$	6,040.83 4,914.17	
TOTAL ASSETS		\$	10,955.00 ======
	LIABI	LITIES & EQUITY	
CURRENT LIABILITIES:			
Subtotal Current Liab.		\$.00
RESERVES:			
Subtotal Reserves		\$.00
EQUITY: Prior Year Net Inc./Loss Current Year Net Income/(Los	\$ s)	19,147.74 (8,192.74)	
Subtotal Equity		\$	10,955.00
TOTAL LIABILITIES & EQUITY		\$	10,955.00

GOLDEN KEYS CENTRAL Income/Expense Statement Period: 01/01/01 to 01/31/01

	Description	Current Actual	Year-to-date Actual
	Description	Actual	notadi
INCOME:			•
04100	Association Dues	6,005.13	6,005.13
04300	Late Fee Income	45.00	45.00
04310	Interest Income	7.25	7.25
04400	Prepaid Dues	(10.33)	(10.33)

	Subtotal Income	6,047.05	6,047.05

EXPENSES

			EXPENSES
OPERATING.	EXPENSES	·	
06100	Landscaping Maintenance	760.00	760.00
06110	Landscape Supplies	65.00	65.00
06120	Tree Maintenance	656.25	656.25
06130	Sprinklers	75.00	75.00
06140	Grounds	-00	.00
06210	Walls/Fences	.00	.00
06250	Paint	.00	.00
06260	Electrical	150.00	150.00
06300	Security Gates	.00	.00
06330	Parking Lot Sweeping	50.00	50.00
07100	Electricity	172.35	172.35
07200	Telephone	48.87	48.87
07400	Water	294.14	294.14
08010	Management Fees	582.00	582.00
08020	Accounting Fees	.00	.00
08030	Legal Fees	.00	.00
08045	Transfer Fees	.00	.00
08050	Postage & Mail	38.39	38.39
08060	Printing & Repro	10.70	10.70
08065	General Administrative	10.00	10.00
08070	Insurance	582.50	582.50
08080	Taxes	.00	.00
	OPERATING EXPENSES	3,495.20	3,495.20
	TOTAL EXPENSES	3,495.20	3,495.20
	CURRENT YEAR NET INCOME/(LOSS)	2,551.85	2,551.85
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Please Enter Corporation Name: Page 3							
9. <u>FINANCIAL DISCLOSURE</u> (A.R.S. §§10-1622.B & 10-11622.A.9) -020/8//-0 Nonprofit corporations <u>must attach</u> a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filling a financial disclosure.							
9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.							
This corporation does of does not nave 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 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 profit corporations only]							
 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? 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? 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 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.							
 Full name and prior names used. Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period). Date and location of birth. Social Security Number 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. 							
11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter							
revocation of the other corporation? [Underlined portion pertains to profit corporations only] One box must be marked: YES NO One box must be marked: YES NO One box must be marked: YES NO One box must be marked: YES One box must be							
Chapter Date Filed Case Number							
If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.							
12. <u>SIGNATURES</u>							
<u>CAUTION</u> : Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures 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 R. WILLIAMS Date 2-13-01 Name ANN M'Gee Date 213-01 Signature Signature Onn M'See							
Signature Signature Unu M'See							
Title							

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