

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



ARIZONA CORR COMMISSION CORPORATIONS DIVISION

DUE ON OR BEFORE

(Foreign Corporations are REQUIRED to complete

this section).

04/11/2004

FY03-04

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.

-0201811-0 1. GOLDEN KEYS CENTRAL HOMEOWNERS' ASSOCIATION, INC. **- AMCOR DROPERTY PROFESSIONALS (10 PR m Assoc Management

15757 N 78TH ST STE A

P.O. Box 2133 Sun Chy Az 85372-2133

SCOTTSDALE, AZ 85260 Business Phone: 623 974 8565 (Business phone is optional.) Type of Corporation: NON-PROFIT State of Domicile: ARIZONA Statutory Agent: DENNIS C MAY PAUL S RUBIN Physical Address, If Different. Mailing Address: 15757 N 78TH ST STE A Physical Address: Ste 10, 18700 N.107 Ave City, State, Zip: SCOTPSDALE, AZ 95260 City, State, Zip: Sun City, AZ 85372 -P.O. Box 2133, Sun City, Az Use this box only if appointing a new Statutory Agent ACC USE ONLY If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. S Penalty I. (individual) or Wg. (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. Reinstate S Expedite \$ tatutory Agent RECEIVED Resubmit \$ RURIN Printed Name of new Statutory Agent МДҮ-1-8-2004

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

BUSINESS CORPORATIONS		NON-PROFIT CORPORATIONS	
1. Accounting	20. Manufacturing	1. Charitable	
2. Advertising	21. Mining	2 Benevolent	RECEIVED
3. Aurospace	22. News Media	3 Educational	By De Albert has made
_ 4. Agriculture	. 23. Pharmaceutical	4. Civic	
5. Architecture	24. Publishing/Printing	5 Political	JUL 2 3 2004
G. Banking/Financo	25. Ranching/Livestock	6 Heligious	JUL 2 9 2004
7. Barbers/Coemetology	26. Real Estate	7. Social	
8. Construction	27. Restaurant/Bar	გ Lite≀ary	ABITALLA CORP COLUMNATION
9. Contractor	28. Retail Sales		ARIZONA CORP. COMMISSION
្រា 1ឦ. Credit/Collection	29, Science/Hesearch	10. Athletic	CORPORATIONS DIVISION
11. Education	30. Sports/Sporting Events	11 Science/Research	
, 12. Engineering	31, Technology(Computers)	12 Hospitat/Health Ca	are
13. Entertainment	32. Technology(General)	13. Agricultural	
14, General Consulting	33. Television/Radio	14 Animal Husbandry	
15. Health Carc	34. Tourism/Convention Services	15. 🔀 Homeowner's Ass	
16. Hotel/Motel	35. Transportation	16." Professional, com	
17. Import/Export	36. Utilities	eban no latrial or made	association
18. Insurance	. 37. Veterinary Medicine/Animal Care	17 Other "	*******
19. Lagal Services	38. Other,		

5. CAPITALIZATION: (Business Corporations and Business	Trusts are <u>REQUIRED</u> to complete this section.)
the trust estate. Please examine the corporation's original A	rtificates held by trustees evidencing their beneficial interest in Articles of Incorporation for the amount of shares authorized, hal number of shares has changed. Examine the corporation's act or Type Clearly.
Number of Shares/Certificates Authorized Cla	ss Series Within Class (if any)
Number of Shares/Certificates issued Cla	ss Series Within Class (if any)
6. SHAREHOLDERS: (Business Corporations and Business	Trusts are REQUIRED to complete this section.)
List shareholders holding more than 20% of any class of sibeneficial interest in the corporation. Please Type or	hares issued by the corporation, or having more than a 20% Print Clearly.
Name:	Name:
NONE Name:	Name:
7. OFFICERS Please Type or Print Clearly.	You Must List at Least One.
Name: ANN MCCEE	Name: DOYLA GEMEZ
Title:	Title: SECRETARY
Address: 7118 11. 28 11 DR.	Address: 7035 1. 28 4 AVE
PHOENIX, AZ 85057	PHOENIX AZ 85051
Date taking office:	Date taking office: 8/03
Name: RON SHACKLEFORD	Name: BRUCE Mª CLARY
Title: TRESUREY	Title: MEMBER AT LARGE
Address: 7039 N. 28 - DR.	Address: 7141 N. 28 FF AVE
PHOENIX, AZ 85051	PHODILY AZ 85051
Date taking office: \$\sqrt{0}	Date taking office: 8/03
6. DIRECTORS Please Type or Print Clearly.	You Must List at Least One.
Name: RIC MEZA PRES.	Name:
Address: 7030 N. 28 m DC.	Address:
PHOENIX, AZ 85051	
Date taking office: 8/63	Date taking office:
Name:	Name:
Address:	Address:
Date taking office:	Date taking office:

Golden Keys Central H O A Balance Sheet As of March 31, 2004

	Mar 31, 04
ASSETS	
Current Assets	
Checking/Savings	
M & I Checking	6,441.89
Money Market	10,116.06
Total Checking/Savings	16,557.95
Accounts Receivable	
Accounts Receivable	7,272.57
Total Accounts Receivable	7,272.57
Total Current Assets	23,830.52
TOTAL ASSETS	23,830.52
LIABILITIES & EQUITY Equity	
Reserve funds	21,880.17
Retained Earnings	496.04
Net Income	1,454.31
Total Equity	23,830.52
TOTAL LIABILITIES & EQUITY	23,830.52

Please	Enter Corporation Name: Golden Keys Central HOH File number 0201811-0 Page 3				
9. <u>FIN</u> Nonpro	ANCIAL DISCLOSURE (A.R.S. §10-11622,A.9) fit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other of corporations are exempt from filing a financial disclosure.				
ЭД М	EMBERS (A.R.S. § 10-11622.A.6)				
	Nonprofit Corporations must answer this question. This corporation DOES P DOES NOT have members.				
Orny .	This corporation between this question.				
	RTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)				
	Y person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more				
	% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation Underlined portion pertains to business corporations only]				
ι. ο	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 prefenses or restraint of trade remonopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?				
	r are subject to an injunction, Judgment, decree or permanent order of any state or federal court entered within the seven year period				
ir	nmediately 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 T NO 2				
	S", the following information must be submitted as an attachment to this report for each person subject to one or more				
or trie a	actions stated in Items 1, through 3, above.				
1.	Full name and prior names used. 5. Date and location of birth.				
2, 3,	Full birth name. 6. Social Security Number 7. The nature and description of each conviction or judicial action:				
4.	Present home address. 7. The nature and description of each conviction or judicial action; Prior addresses (for immediate the date and location; the court and public agency involved, and				
.,	preceding 7 year period). the file or cause number of the case.				
	ATEMENT 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 🗹				
	any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled				
	% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation as been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or ion?				
	lined portion pertains to business corporations only] One box <u>must</u> be marked: YES NO NO				
	S" to A and/or S, the following information must be submitted as an attachment to this report for each person subject to the				
	nent 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. 4.	The dates of corporate operation. 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. <u>SIÇ</u>	Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.				
declar	e, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been				
iled wi	th the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the age; including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.				
Name	M-s of-ful				
Signat					
oynat	ure Signature				
[itle	Plen Dent Title				
	(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)				