

WEB FORM **COPY**

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



- 13le

DUE ON OR BEFORE 05/02/2012

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.

-1072431-3

JUNIPER MEADOWS TOWNHOUSE ASSOCIATION, INC. 1. **%STERLING REAL ESTATE MANAGEME**

RECEIVED

	323 S RIVER RUN FLAGSTAFF, AZ 8			APR 1 0 2012			
	TEROOTATI, AE	30001		ARIZONA CORP. COMMISSION CORPORATIONS DIVISION			
	Business Phone:		(Business phone is optional.)				
	State of Domicile:	ARIZONA	Type of Corporation: NON-PRO	FIT			
2.							
	Statutory Agent: N	MARK HUTCHINS	Statutory Agent's Street or P	hysical Address, If Different.			
	Mailing Address: 3	23 S RIVER RUN RD #1	Physical Address:				
	City, State, Zip: F	LAGSTAFF, AZ 86001	City, State, Zip:				
	ACC USE ONLY						
	Fee \$		ew statutory agent, the new agent MUST signing below. Note that the agent addre				
	Penalty \$		rporation or limited liability company) having been de is appointment until my removal or resignation pursu				
	Reinstate\$	ao nereoy consent to tri	s арронител ини ту тепкмагот тезупация разы	TR IU KNY.			
	Expedite \$	Sig	gnature of new Statutory Agent				
	Resubmit\$	Pri	nted Name of <i>new</i> Statutory Agent	- <u>(-</u> <u>- </u>			
3.	Secondary Address: (Foreign Corporations are RI to complete this section						
4.	Check the one category BUSINESS CORPORATION 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	ONS 20. Manufacturing 21. Mining 22. News Media 23. Pharmaceutical 24. Publishing/Printing 25. Ranching/Livestock	1. Charitabi 2. Benevok 3. Educatio 4. Civic 5. Political 6. Religiour 7. Social 8. Literary 9. Cuttural 10. Athletic	CORPORATIONS e int inal Research Health Care			

34. Tourism/Convention Services

= 37. Veterinary Medicine/Animal Care

__ 35. Transportation

_ 36. Utilities

二 38. Other _

__ 15. Health Care

__ 16. Hotel/Motel

__ 18. Insurance

17. Import/Export

19. Legal Services

18. ___ Other_

15. _ Animal Husbandry

16. Homeowner's Association

Professional, commercial

industrial or trade association

-1072431-3 JUNIPER MEADOWS TOWNHOUSE ASSOCIATION, INC.

Page 2

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the 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 corporat 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% bene interest in the corporation. Name: Name: Name: Name: Toefficers PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. Name: (SEE ATTACHED LIST) Name: Title: Address: Date taking office: Date taking office: Name: N	MTALIZATION: (For-profit Corporations and Bu	usiness Trusts are <u>REQUIRED</u> to complete this section.)
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 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% bene interest in the corporation. Name: Name: Name: 7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. Name: SEE ATTACHED LIST) Name: Carried Class Series Within Class (if any) Name:	ss trusts must indicate the number of transfera	ble certificates held by trustees evidencing their beneficial interest in the trust
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% bene interest in the corporation. Name: Name: Name: Name: T. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. Name: (SEE ATTACHED LIST) Name: Title: Address: Date taking office: Name: Name: Title: Name: Title:		
List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% benefinterest in the corporation. Name:	ninutes for the number of shares issued.	
Name: Name: 7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. Name: (SEE ATTACHED LIST) Name: Title: Address: Address: Date taking office: Name: Name: Title: Title: Title: Title: Title: Name: Title: Name: Title: Title: Name: Title: Name: Title: Title: Name: Name: Title: T	areholders holding more than 20% of any clast in the corporation.	ss of shares issued by the corporation, or having more than a 20% beneficial
Name: Name: 7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. Name: (SEE ATTACHED LIST) Name: Title: Address: Address: Date taking office: Date taking office: Name: Name: Title: Title:		Name:
Name: (SEE ATTACHED LIST) Title: Address: Date taking office: Name: Title: Title: Title: Date taking office: Name: Title: Title: Title:		Name:
Title:	ICERS PLEASE TYPE OR PRINT CL	LEARLY. YOU MUST LIST AT LEAST ONE.
Address:	(SEE ATTACHED LIST)	Name:
Date taking office: Name: Title: Title:	the second of th	Title:
Date taking office: Name: Title: Title: Date taking office: Title:	ss:	Address:
Name: Name: Title: Title: Title:		
Title: Title:	aking office:	Date taking office:
		Name:
Address: Address:		Title:
, idea of the control	ss:	Address:
Date taking office: Date taking office:	aking office:	Date taking office:
8. <u>DIRECTORS</u> PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.	ECTORS PLEASE TYPE OR PRINT C	CLEARLY. YOU MUST LIST AT LEAST ONE.
Name: (SEE ATTACHED LIST) Name:	(SEE ATTACHED LIST)	Name:
Address: Address:	ss:	Address:
Date taking office: Date taking office:		
Name: Name:	•	Man
Address: Address:		
Date taking office: Date taking office:	aking office:	Date taking office:

Plea	se Ent	er Corporation	n Name:	JUNIPER M	EADOWS TO	WNHOUS	E ASSC	CIATION, IN	IC. File number	-1072431-3	_ Page 3
Non; balar Coo finan	profits nce she perativ cial stat	et including ass e marketing a tement no matte	report is d sets, liabilit ssociation er what da	ue on or befor ies). If your on ns must in all te the annual	e September nonprofit annu cases submi report was du	ial report is t a financial ie.	due afte stateme	r September 2	25, 2008, a financ	g. income/expensical statement is no ions are exempt the statement is no ions are exempt the statement in th	ot required.
		PROFIT CORP			SWER THIS			tion DOES	DOES N	0T	
9A.	<u>MEMB</u>	<u>ERS</u> (A.R.S. §1	0-11622(A)(6))		I his co	orpora	tion DOES	M DOES N	OT 🗖 have m	iembers.
10. <u>(</u> A	Has ar	ICATE OF DIS ny person who is f the issued and	s currently	an officer, di	rector, trustee	, incorporat	tor, or wh	no, in a For-pre	ofit corporation, c	ontrols or holds no interest in the co	nore than prporation
1.	Convid	cted of a felony i	nvolving a	transaction ir	securities, co	nsumer fra	ud or an	titrust in any st	tate or federal juri	sdiction within the	seven year
2.	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										
3.	monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate? 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?										
	, t	c) the anticust c	i iestiaili	. OI LIQUE MINO	or triat jurious	- CO 1	One	box mus	t he marked	: YES 🗆 N	10 🔯
		S" to A, the fo			ust be subm	itted as an a				subject to one or	
		full birth name.			4		5 .		cation of birth.	جمنفمة بمرسر ماسير كالم	امتمانية م
	3. I 4. /	Full present nan Present home a All prior addres period.	ddress.			ear	6.	action; the o	date and location;	of each conviction the court and pu number of the c	ıblic agency
B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or members in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receives							nembership intere	est in the corporate other corporation	ion, served		
	state ((ES" to B, the forment above. a) Name and ad b) State(s) in which the state is the state in the	ddress of o	each corporat was incorpora	ion and the p	ersons invol	n attach Ived.	ment to this re		poration subject t	
	· ·	•	·			D O 00 40	4000 0	40.44000\			
11. <u>}</u>	. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES ID NO III 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 su	ch perso	n has been ar	officer, direct	tor, trustee	or major	stockholder o	of any other corpo	ration within one	year of the
		bankruptcy or r	eceivershi	p of the other	corporation.	f so, for eac	ch such	corporation giv	ve:		
		(a) Name	and addre	ess of each co	rporation;						
				t: (i) was inco	rporated and	(ii) transa	acted bu	siness.			
		(c) Dates	of operation	on.							
l de	clare, u I with t	under penalty on he Arizona De	f perjury, partment	that all corporate of Revenue.	orate income I further dec	tax return	s requir	ed by Title 43 of perjury th	of the Arizona F at I (we) have ex	or they will be revised Statutes camined this reprect and comple	have been ort and the
Nar	ne	Alen W	<u>L 161</u> 1	4 Can	6 3/24	12 Name		<u> </u>		Date	
Sig	natur	Jour	<u>ک ک</u>	BKIN		Signa					
Titl	e()	SEADIS		must be dich	outhorized	Title_	officer/-	t) lietad in so	ction 7 of this re	enort)	
		(2) (2)	J110101(5)	wast ng ani)	auulyii250	wipoide i	0116G1 (2	A Haren III ac		· /~ · · · · · · · · · · · · · · · · · · ·	

JUNIPER MEADOWS TOWN HOMES, INC.

FILE # -1072431-3 2011-2012 OFFICERS - DIRECTORS

ITEM 7. OFFICERS:

PRESIDENT:

JOHN SERKLAND

1762 N BLUE SPRUCE CIRCLE

FLAGSTAFF, AZ 86001 Date taking office: 05-10-10

VICE PRESIDENT:

DAWN GARDNER 126 W JUNIPER AVE FLAGSTAFF, AZ 86001 Date taking office: 05-02-11

SECRETARY:

MARJORIE MCCLANAHAN 118 W JUNIPER AVE FLAGSTAFF, AZ 86001 Date taking office: 05-02-11

TREASURE:

MARJORIE MCCLANAHAN 118 W JUNIPER AVE FLAGSTAFF, AZ 86001 Date taking office: 05-02-11

ITEM 8 DIRECTORS:

JOHN SERKLAND

1762 N BLUE SPRUCE CIRCLE

FLAGSTAFF, AZ 86001

Date taking office: 05-10-10

DAWN GARDNER 126 W JUNIPER AVE FLAGSTAFF, AZ 86001 Date taking office: 05-02-11

MARJORIE MCCLANAHAN 118 W JUNIPER AVE FLAGSTAFF, AZ 86001 Date taking office: 05-02-11

ELSIE DUNIN

138 W JUNIPER AVE FLAGSTAFF, AZ 86001 Date taking office: 05-02-11

DERALD COX

1762 N BLUE SPRUCE CIRCLE

FLAGSTAFF, AZ 86001 Date taking office: 05-10-11