

WEB FORM COPY

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



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\$10.00 **FILING FEE**

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.

-1291890-0

1	VAL VISTA CLASSIC, PARCEL 2, CONDOMINIUM ASSOCIATION
••	% AAM LLC
	1600 W BROADWAY RD STE 200
	TEMPE A7 05000

RECEIVED

Business Phone:	(Business phone is optional.) ARIZONA CORP. COM CORPORATIONS D
State of Domicile: ARIZONA	Type of Corporation: NON-PROFIT
Chaladana Angarta JANDA ZIEE	Statutory Agent's Street or Physical Address, If Different.
Statutory Agent: LAURA ZIFF Mailing Address: % AAM LLC	Physical Address:
1600 W BROADWAY RD STE	<u>. </u>
City, State, Zip: TEMPE, AZ 85282	
Penalty \$ I, (individual) or We, (c do hereby consent to the	corporation or limited liability company) having been designated the new Statutory Agent, this appointment until my removal or resignation pursuant to law.
Expedite \$Si	Signature of <i>new</i> Statutory Agent
Resubmit\$Pi	Printed Name of new Statutory Agent

С

check the one category	below which best describes the CHARACTER OF	BUSINESS of your corporation.
BUSINESS CORPORATION		NON-PROFIT CORPORATIONS
☐ 1. Accounting	🚞 20. Manufacturing	1. Charitable
2. Advertising	□ 21. Mining	2. Eenevolent
3. Aerospace	<u>□</u> 22. News Media	3. Educational
4. Agriculture	☐ 23. Pharmaceutical	4. Civic
5. Architecture	24. Publishing/Printing	5. Political
6. Banking/Finance	□ 25. Ranching/Livestock	6. Religious
7. Barbers/Cosmetology	<u> </u>	7. Social
8. Construction	27. Restaurant/Bar	8. Literary
9. Contractor	28. Retail Sales	9. — Cultural
10. Credit/Collection	□ 29. Science/Research	10. Athletic
11. Education	□ 30. Sports/Sporting Events	11. C Science/Research
📆 12. Engineering	☐ 31. Technology(Computers)	12. Hospital/Health Care
🔟 13. Entertainment	☐ 32. Technology(General)	13. Agricultural
14. General Consulting	□ 33. Television/Radio	14. Cooperative Marketing Association
🗖 15. Health Care	☐ 34. Tourism/Convention Services	15. Animal Husbandry
☐ 16. Hotel/Motel	☐ 35. Transportation	16. Homeowner's Association
📺 17. Import/Export	□ 36. Utilities	17. Professional, commercial industrial or trade association
18. Insurance	二 37. Veterinary Medicine/Animal Care	
□ 19. Legal Services	□ 38. Other	18. <u>□</u> Other

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5. CAPIT	(For-profit Corporations and Business 1			
Business	s trusts must indicate the number of transferable cert	tificates held t	by trustees evidencing their beneficial into	erest in the trust
	PLEASE PRINT OR TYPE CLEARLY. ase examine the corporation's original Articles of Inc	corporation for	r the amount of shares authorized.	
Number	of Shares/Certificates Authorized	Class	Series Within Class (if a	ny)
5b. Rev	view all corporation amendments to determine if the	original num	ber of shares has changed. Examine th	ie corporation's
	nutes for the number of shares issued . of Shares/Certificates Issued	Class	Series Within Class (if a	ıny)
	(For-profit Corporations and Business T	rusts are REQ	UIRED to complete this section.)	
List shar	reholders holding more than 20% of any class of shin the corporation.			20% beneficial
	Name:	Nar	ne:	
NONE		Non	me:	
	Name: CERS PLEASE TYPE OR PRINT CLEARL			
7. <u>OFFIC</u> Name:	DAVID HEWITT	Name:	PAT PARKER	
Title:	PRESIDENT	Title:	SECRETARY	
	1600 W BROADWAY RD STE 200		1600 W BROADWAY RD STE 20	
Address	100 W DROID WITTED STEED			
	TEMPE, AZ 85282	- -	TEMPE, AZ 85282	
Date tak	king office:	Date tak	ing office:	
Name:	CHRIS JANSON	Name:		
Title:	VICE PRESIDENT	 Title:		
	1600 W BROADWAY RD STE 200	Address	•	
	TEMPE, AZ 85282	_		· •
Date tak	king office:	Date tak	ing office:	
8. DIRE	CTORS PLEASE TYPE OR PRINT CLEAF	RLY. YOU I	MUST LIST AT LEAST ONE.	
	DAVID HEWITT	Name:	PAT PARKER	
Address	s: 1600 W BROADWAY RD STE 200	_ Address	1600 W BROADWAY RD STE	200
		_		
	TEMPE, AZ 85282	_	TEMPE, AZ 85282	
Date tak	king office:	Date tak	ing office:	
Name:	CHRIS JANSON	Name:		
	s: 1600 W BROADWAY RD STE 200	Address		
	TEMPE, AZ 85282			

Date taking office:

Date taking office:

Please Enter Corporation Name: VAL VISTA CLASSIC, P	ARCEL 2, CONDOMINIUM ASSOCIATION File number1291890-0 Page 3		
balance sheet including assets, liabilities). If your nonprofit a Cooperative marketing associations must in all cases su financial statement no matter what date the annual report was			
ONLY NONPROFIT CORPORATIONS MUST ANSWER TO	IIS QUESTION:		
9A. <u>MEMBERS</u> (A.R.S. §10-11622(A)(6))	This corporation DOES DOES NOT have members.		
10% of the issued and outstanding common shares or been:	stee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of any other proprietary, beneficial or membership interest in the corporation		
1. Convicted of a felony involving a transaction in securities	s, 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? 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	t e e e e e e e e e e e e e e e e e e e		
(c) the antitrust or restraint of trade laws of that jur	isdiction?		
	One box must be marked: YES I NO 🗵		
If "YES" to A, the following information must be su	bmitted 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.		
Full present name and prior names used.	The nature and description of each conviction or judicial		
 Present home address. All prior addresses for immediately preceding period. 	action; the date and location; the court and public agency 7 year involved; and the file or cause number of the case.		
the issued and outstanding common shares, or 20% of in any such capacity or held a 20% interest in any other if "YES" to B, the following information must be statement above. (a) Name and address of each corporation and the (b) State(s) in which it: (i) was incorporated and (c) Dates of corporate operation.	(ii) transacted business.		
11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP	(A.R.S. §§ 10-1623 & 10-11623)		
A. Has the <u>corporation</u> filed a petition for bankruptcy or appointed a receiver? <u>One box must be marked:</u> YES I NO III If "Yes" to A, the following information <u>must be submitted</u> 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, d	irector, trustee or major stockholder of any other corporation within one year of the		
bankruptcy or receivership of the other corporati	on. 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.			
I declare, under penalty of perjury, that all corporate inc	and dated by at least one duly authorized officer or they will be rejected. ome tax returns required by Title 43 of the Arizona Revised Statutes have been declare under penalty of perjury that I (we) have examined this report and the of my (our) knowledge and belief they are true, correct and complete.		
Name DAVID CHEWIN Date 4	ンナル NameDate		
	Signature		
Signature X (16) CSC			
Title (Signator(s) must be duly authorize	Title red corporate officer(s) listed in section 7 of this report.)		