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2.

CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE

FILING FEE #18.00

HOA Not for Rofit

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.

05109197

1. Canoa Ridge, Inc. 2980 S. Camino Del Sol Box 113 Green Valley, AZ 85622

Business Phone:

State of Domicile:

M. A	Statutory Agent's Street or Physical Address, If Different. Nr Glen E Pfefferkorn 685 S La Posada Cir # 1802 Green Valley, AZ 85614
ACC USE ONLY Fee \$ Penalty \$ Reinstate\$	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. 1, (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 pursuent to law.
Expedite \$	Signature of <i>new</i> Statutory Agent
	Printed Name of new Statutory Agent

(Business phone is optional.)

Type of Corporation:

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.

NON-PROFIT CORPORATIONS

BUSINESS CORPORATI	ONIR	NON-PROFIT CORPORATIONS
		1. Charitable
1. Accounting	20. Manufacturing	
2. Advertising	21. Mining	2. Benevolent
3. Aerospace	C 22. Nowe Modia	3. Educational
4. Agriculture	23. Pharmaceutical	4. Civic
5. Architecture	7 24. Publishing/Printing	5. Political
6. Banking/Finance	25. Ranching/Livestock	6. Religious
7. Barbers/Cosmetology	7: 26. Real Estate	7. Social
= 8. Construction	27. Restaurant/Bar	8. C. Literary
9. Contractor	28. Retail Sales	9. Cultural
10. Credit/Collection	= 29. Science/Research	10. C Athletic
11. Education	20. Sports/Sporting Events	11. 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. Flomeowner's Association
= 17. Import/Export.	= 30. Utilities	17. Professional, commercial
= 18. Insurance	- 37. Veterinary Medicine/Animal Care	industrial or trade association
T 10 Level Services	C 38 Other	18 Other

FOR-PROFILE	Corporations and Business Trus	ts are <u>REQUII</u>	RED to complete this section	
5. <u>CAPITALIZATION</u> : Business trusts must indicate the neestate.				
5a. Please examine the corporati Number of Shares/Certificates Aut	on's original Articles of Incorp thorized Clar	oration for these	Series Within Class	(if any)
5b. Review all corporation amen	dments to determine if the or	iginal numbe	r of shares has changed. Exami	ne the corporation's
minutes for the number of st Number of Shares/Certificates iss	nares issued.		Series Within Class	(if any)
(For-profit	Corporations and Business Trus	ts are REQUI	RED to complete this section.)	
6. SHAREHOLDERS: (For-profit List shareholders holding more th interest in the corporation.	an 20% of any class of share	s issued by t	he corporation, or having more to	
Name:		. Name	:	
NONE Name:		Name	:	
7. OFFICERS	,		Colon Pfeffert	ine V
Name: Donald Sa	rgeant	Name: _	0,0,1	-
Title: President	V	Title: _	1015 1 37/1/1	casurer in Unit 1802
Address: 3337 S. Cal	le del Albano	Address: _	685 S. ha Yosada C	7. 14.1
Oreen Valle	4,42	-	green Valley, Ft	-
	85622	-	1850	217
Date taking office: 2/8/19	3	Date takin	g office: <u>2/14/19</u>	- .
Name: George Co	okins	Name:		
Title: Vice-Pres	ident	Title:		
Address: 3373 S. C.	elledel Albano	Address:		
Green Val	ley AZ			
Date taking office: 2/8/12	7 85622	Date takin	g office:	
8. DIRECTORS			115	
Name: Peter M	arshall —	Name:	Kent Vexte	11 1
	amino Urbano	Address:	1271 W. Camino	Urbano
Green Va	•		Green Valley 1	12
	85622		8562	2
Date taking office: 118/1	20	Date takir	ng office: 2/8/18	
Name: David Fer	isch	Name:		
Address: 1000 W. Ca	mino Urbano	Address:		
Greenval	Jey, AZ			
8	75622			-
Date taking office:	17	Date takir	ng office:	_

AR:0046 Rev. 12/2008

Plea	se En	ter Corpo	ration Name	Can	Da Ki	doe .	LNC	File nur	A - U I A	21012713437915
9. F	INANG	IAL DISC	LOSURE (A.R	S. \$10-116220	A)(9))	/				
bala	nce she	eet includii ve market	ng assets, liabi ing associati	ities). If your n	onprofit annual	report is due financial stat	after Septembe	nancial statement (or 25, 2008, a final er forms of corpor	nciai statemeni	is not required.
ONL	Y NON	PROFIT	CORPORATIO	NS MUST AN	WER THIS QU	JESTION:			NOTE:	
			LS. §10-11622					DOES	NOT LI nav	e members.
10. 9	Has a 10% o been:	ny person of the issue	who is current ed and outstan	ly an officer, dire ding common's	ector, trustee, in hares or 10% o	ncorporator, o of any other pr	opnetary, bene	-profit corporation, ficial or members	nip interest in tr	ne corporation
1.	nerio	d immedia	toly preceding	the evecution of	f this certificate	7		state or federal ju		
2. 3.	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 con	sumer fraud la	ws of that juriso	liction, or					
					of that jurisdiction	Ω	ne box mu	st be marke port for each pers	d: YES D	NO 21
	action	ns stated i	n Items 1 throu	gh 3 above.	Pr ne adMinir					
	2. 1	Present ho	nt name and prome address.	ior names used	eceding 7 year	5. 6.	The natur	location of birth. re and description e date and locatio and the file or cau	n; the court an	d public agency
	,	period.					•			
В.	the is in any If "Y state	sued and y such car 'ES" to B, ement abo	outstanding or pacity or held a , the following ve.	mmon shares, 20% interest in information <u>n</u>	or 20% of any of any other corporate of the submit	oration on the Oration as an att	ary, beneficial of bankruptcy or ne box mu	-profit corporation, r membership inter receivership of the ist be marke report for each co	at other corporated: YES	ation?
	((b) State(s	and address or) in which it (i) of corporate op	was incorporat	on and the pers led and (ii) tra	nsacted busin	n es s.			
11 9					ERSHIP (A.R.	S. 66 10-1623	3 & 10-11623)			
11. <u>:</u> A.	Has th	he corpor	ation filed a pe	tition for bankn	ptcy or appoint	ted a receiver	? One box m	ust be marked:	YES 🗆	NO
	1.	All officers appointment board of controlling	he following i s, directors, tru ent of a receive firectors and m	nformation <u>mu</u> stees and major r. If a major sto ajor stockholde nt of the issued	st <u>be submitte</u> stockholders c ckholder is a co ars of such corp	of the corporation, the orate stockho	inment to this re tion within one) a statement shal alder. "Major sto	eport year of filing the p ill list the current p ockholder" means of any proprietary,	etition for bank resident, chaim a shareholder	nan of the possessing or
								r of any other com	poration within	one year of the
						o, for each su	ch corporation	give:		
				ess of each cor		(E) toon an about	husinaaa			
			states in which lates of operat	it (i) was incor on.	porated and	(ii) transacted	Dualiess.			
12.	SIGNA	TURES:	Annual Re	ports must be	signed and d	ated by at le	ast one duly a	authorized office	or they will	be rejected.
filed	with t	he Arizon	a Department	of Revenue.	further declar	e under pen	alty of perjury	43 of the Arizona that I (we) have (they are true, co	examined this	report and the
	0	en P	fellerk		ate: 1/20/2	Name			Date	
Sia	nature	Ale	n Pfel	lerhos	2	Signature				
Titl	2	CCVX	tarle			Title				
			(Signator(s)	must be duly	authorized co		er(s) listed in s	section 7 of this	report.)	