Arizona Corporation Commission

00323842

STATE OF ARIZONA
CORPORATION COMMISSIC
CORPORATION ANNUAL REPOI
& CERTIFICATE OF DISCLOSUR

02-99

DUE ON OR BEFORE 04/12/2001 **FY00-01** **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 for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

RECEIVED

MAR 13 2001

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

-0091492-4

1. CASAS ARROYO ASSOCIATION, INC.
LAXPRADERAXMALLXHWYX82X Plaza Los Rielas,
PO BOX 248
SONOITA, AZ 85637

DELINQUENT AMENDMENT PUBLICATION 12/15/2000; CONTACT THE COMMISSION AT 542-3135

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JUN 20 2001

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone:_____ (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: RICHARD DUFFIELD
Street Address: 177 N CHURCH #711
(NOT P.O. BOX)
City, State, Zip: TUCSON AZ 85701-

Use this box only if appointing a new Statutory Agent

IPR 3/12/01

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (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 pursuant to law.

_____
Signature of *new* Statutory Agent

ACC USE ONLY	
Fee	$ 10
Penalty	$_____
Reinstate	$_____
Expedite	$_____
Resubmit	$_____

25-6331

3. 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.

BUSINESS CORPORATIONS

__ 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
__ 14. General Consulting
__ 15. Health Care
__ 16. Hotel/Motel
__ 17. Import/Export
__ 18. Insurance
__ 19. Legal Services
__ 20. Manufacturing
__ 21. Mining
__ 22. News Media
__ 23. Pharmaceutical
__ 24. Publishing/Printing
__ 25. Ranching/Livestock
__ 26. Real Estate
__ 27. Restaurant/Bar
__ 28. Retail Sales
__ 29. Science/Research
__ 30. Sports/Sporting Events
__ 31. Technology(Computers)
__ 32. Technology(General)
__ 33. Television/Radio
__ 34. Tourism/Convention Services
__ 35. Transportation
__ 36. Utilities
__ 37. Veterinary Medicine/Animal Care
__ 38. Other _____

NON-PROFIT CORPORATIONS

1. __ Charitable
2. __ Benevolent
3. __ Educational
4. __ Civic
5. __ Political
6. __ Religious
7. __ Social
8. __ Literary
9. __ Cultural
10. __ Athletic
11. __ Science/Research
12. __ Hospital/Health Care
13. __ Agricultural
14. __ Animal Husbandry
15. X Homeowner's Association
16. __ Professional, commercial industrial or trade association
17. __ Other_____

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)
Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. 0091492-4

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
N/A		

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
N/A		

6. SHAREHOLDERS: (Business 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% beneficial interest in the corporation. Please Type or Print Clearly.

Name: ~~N/A~~ **Name:**

NONE ☐

Name: **Name:**

7. OFFICERS Please Type or Print Clearly.

Name: Emmett McLoughlin
Title: President
Address: P.O. Box 248
Sonoita, Az 85637
Date taking office: 12/09/00

Name: Richard Crane
Title: Vice President
Address: P.O. Box 248
Sonoita, Az 85637
Date taking office: 12/09/00

Name: Karen Strom
Title: Secretary
Address: P.O. Box 248
Sonoita, Az 85637
Date taking office: 12/09/00

Name: William Eifrig
Title: Treasurer
Address: P.O. Box 248
Sonoita, Az 85637
Date taking office: 12/09/00

8. DIRECTORS Please Type or Print Clearly.

Name: Pierre Masure
Address: P.O. Box 248
Sonoita, Az 85637
Date taking office: 12/09/00

Name: Renate Niemann
Address: P.O. Box 248
Sonoita, Az 85637
Date taking office: 12/09/00

Name: ~~Bill Gray~~
Address: ~~P.O. Box 248~~
~~Sonoita, Az 85637~~
Date taking office: 12/09/00

Name: William Eifrig
Address: P.O. Box 248
Sonoita, Az 85637
Date taking office: ~~12/09/00~~

00914924

CASAS ARROYO ASSOCIATION, Inc.
Statement of Assets, Liabilities & Equity
Income Tax Basis
December 31, 2000

ASSETS			
Current Assets			
Cash in Checking		$ 11.34	
Vanguard Account		9,566.01	
Total Current Assets			$ 9,577.35
Fixed Assets			
Building & Improv.	$46,407.66		
Fences & Other	13,037.37		
Equipment	22,077.50		
Arizona Bridge	11,765.41		
		93,287.94	
Less:Accum Derpre		(74,554.65)	
Total Fixed Assets			$18,733.29
Total Assets			$28,310.64
LIABILITIES & EQUITYS			
Current Liabilities			
Sales Tax Payable		$ 330.72	
Total Current Liabilities			$ 330.72
Equity			
Common Stock		$15,865.09	
Add. Paid in Capital		1,000.00	
Beg Retain Earnings	6,402.28		
Current Yr Income	4,712.55		
Retained Earning-Ending		11,114.83	
Total Equity			$27,979.92
Total Liabilities & Equity			$28,310.64

See Accountants Compilation Report Attached

00-914924

SCHOUTEN, KLEIN & SULLIVAN, P.C.
Certified Public Accountants

HILBERT SCHOUTEN
BETH A. SULLIVAN

MARC L. KLEIN

Casas Arroyo Association, Inc.
Sonoita, Arizona 85637

We have compiled the accompanying Statement of Financial Condition - Balance Sheet (Section H) Casas Arroyo Association, Inc. as of December 31, 2000 in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.
The compilation is limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of Management. We have not audited of reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

This financial statement is presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.

Schouten Klein & Sullivan P.C

Schouten, Klein & Sullivan, P.C.
Certified Public Accountants

February 14, 2001

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.

This corporation **does ☐ does not ☒** have 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]**

1. 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?
2. 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?
3. 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 ☒**

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.

1. Full name and prior names used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
7. 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 ☒**

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. SIGNATURES

CAUTION: 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 Emmett McLoughlin **Date** 3/8/01 **Name** Bill Eifrig **Date** 3/8/01

Signature Emmett McLoughlin **Signature** Bill Eifrig

Title President **Title** Treasurer

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)