



**STATE OF ARIZONA  
CORPORATION COMMISSION**



**NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC**

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. 510-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. 510-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0114383-0  
Corporation Name: CASITA EL PUENTE ASSOCIATION, INC.  
Address: PO BOX 188

City, State, Zip: SCOTTSDALE AZ 85252-  
Domicile: ARIZONA  
Type: NON-PROFIT

Arizona Statutory Agent: ASSOCIATED PROPERTY MANAGEMENT  
Street Address: ~~14829 N CAVE CREEK RD #19~~ 14820 N. Cave Creek #19  
(NOT P.O. BOX)

City, State, Zip: PHOENIX AZ 85032-

A.C.C. CORPORATIONS RECEIVED  
JUN 11 '96  
DOCUMENT TO BE REVIEWED

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> Charitable  | 8. <input type="checkbox"/> Social                | 15. <input type="checkbox"/> Agricultural  |
| 2. <input type="checkbox"/> Benevolent  | 9. <input type="checkbox"/> Fraternal             | 16. <input type="checkbox"/> Horticultural   |
| 3. <input type="checkbox"/> Educational | 10. <input type="checkbox"/> Literary             | 17. <input type="checkbox"/> Animal Husbandry  |
| 4. <input type="checkbox"/> Civic       | 11. <input type="checkbox"/> Cultural             | 18. <input checked="" type="checkbox"/> Homeowners' Association                            |
| 5. <input type="checkbox"/> Patriotic   | 12. <input type="checkbox"/> Athletic             | 19. <input type="checkbox"/> Professional, commercial,<br>industrial, or trade association |
| 6. <input type="checkbox"/> Political   | 13. <input type="checkbox"/> Science/Research     | 20. <input type="checkbox"/> Other _____   |
| 7. <input type="checkbox"/> Religious   | 14. <input type="checkbox"/> Hospital/Health Care |  |

od. w/ ext 11-15-96

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less       26 - 100 \_\_\_\_\_      101 - 500 \_\_\_\_\_      Over 500 \_\_\_\_\_

3. ~~If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below and PRESIDENT or VICE PRESIDENT must sign page 4 of this report.~~

*I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.*

\_\_\_\_\_  
Statutory Agent Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here  and go on to Section 6.)

**PRESIDENT:** LUKE PETERS

Address: PO BOX 188

SCOTTSDALE, AZ 85252-

Date taking office: 01-13-94

**SECRETARY:** ANDREW SPENCER

Address: PO BOX 188

SCOTTSDALE, AZ 85252-

Date taking office: 01-13-94

**VICE PRESIDENT:** GERRY SCHECHTER

Address: PO BOX 188

SCOTTSDALE, AZ 85252-

Date taking office: 01-13-94

**TREASURER:** WILLIAM CORNEY

Address: PO BOX 188

SCOTTSDALE, AZ 85252-

Date taking office: 01-13-94

6. **DIRECTORS** (If no changes since last report, check here  and go on to Section 7.)

**NAME:** GERRY SCHECHTER

Address: PO BOX 188

SCOTTSDALE, AZ 85252-

Date taking office: 01-13-94

**NAME:** ANDREW SPENCER

Address: PO BOX 188

SCOTTSDALE, AZ 85252-

Date taking office: 01-13-94

**NAME:** DALE NEARHOOD

Address: PO BOX 188

SCOTTSDALE, AZ 85252-

Date taking office: 01-13-94

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

ARIZONA CORPORATION COMMISSION

CORRECTIONS

OFFICERS

President Mark Nelson

Address POST OFFICE BOX 138  
SCOTTSDALE, ARIZONA 85252

Date taking office 2-12-96

Vice Pres. Jamie Hostings

Address POST OFFICE BOX 188  
SCOTTSDALE, ARIZONA 85252

Date taking office 2-12-96

Secretary Joan Poff

Address POST OFFICE BOX 188  
SCOTTSDALE, ARIZONA 85252

Date taking office 2-12-96

Treasurer Luke Peters

Address POST OFFICE BOX 188  
SCOTTSDALE, ARIZONA 85252

Date taking office 2-12-96

DIRECTORS

Name Morone Wells

Address POST OFFICE BOX 188  
SCOTTSDALE, ARIZONA 85252

Date taking office 2-12-96

Name Jamie Hostings

Address POST OFFICE BOX 188  
SCOTTSDALE, ARIZONA 85252

Date taking office 2-12-96

Name JOAN Poff.

Address POST OFFICE BOX 188  
SCOTTSDALE, ARIZONA 85252

Date taking office 2-12-96

Name \_\_\_\_\_

Address \_\_\_\_\_

Date taking office \_\_\_\_\_

December 31, 1995

PREPARED FOR :

PREPARED BY :

Associated Property Mgmt.  
P.O. Box 188  
Scottsdale, AZ 85252

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Assets

Current Assets

Cash

Checking Account 1 -824.12  
Money Market Account 1 6,617.28

Total Cash 5,793.16

Short Term Investments

A/R Dues 740.00

Total Assets 6,533.16  
=====

Liabilities and Capital

Current Liabilities

Prepaid Dues 1,795.38

Total Liabilities 1,795.38

Capital

Retained Earnings 16,788.08  
Net Income -12,050.30

Total Equity 4,737.78

Total Liab. and Capital 6,533.16  
=====

**8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)**

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

- 1. Been 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. Been 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. Been 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:

- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

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

**8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)**

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes \_\_\_\_\_ Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_ No

9. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

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.

By Blake Peters Date 6/7/96 By \_\_\_\_\_ Date \_\_\_\_\_

Title Treasurer Title \_\_\_\_\_