



**STATE OF ARIZONA
CORPORATION COMMISSION**



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

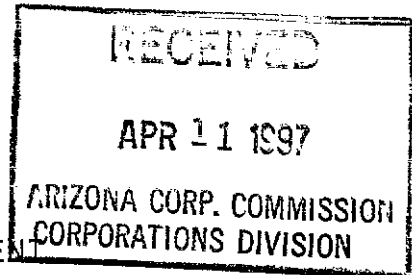
FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997

The following information is required by A.R.S. §10-1081 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. §10-1092. 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
(NOT P.O. BOX)

City, State, Zip: PHOENIX AZ 85032-

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, 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 | |

ACC USE ONLY	
Fee	\$ 10
Penalty	\$ PAID
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

VICE PRESIDENT: GERRY SCHECHTER
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

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: _____

#5 Directors

Pres - Marion Wells

P.O. Box 188

Scotts. AZ 85252

Date Tak. OFF: 2-11-97

V. Pres. Christine Molesky

P.O. Box 188

Scotts. AZ 85252 Date Tak. OFF: 2-11-97

Sec. ANN POWNER

P.O. Box 188

Scotts. AZ 85252 Date Tak. OFF: 2-11-97

Treas. Jamic Hastings

P.O. Box 188

Scotts. AZ 85252 Date Tak. OFF: 2-11-97

#6 Directors

1) Joan Roff

P.O. Box 188

Scotts. AZ 85252

Date Tak. offic. 2-11-97

2) ANN POWNER

P.O. Box 188.

Scotts. AZ 85252

Date Tak. OFF: 2-11-97

3) Jamic Hastings

P.O. Box 188

Scotts. AZ 85252

Date Tak. OFF: 2-11-97

BALANCE SHEET - CASITA EL PUENTE H.O.A.
February, 1997

03/10/97

PREPARED FOR :
Casita El Puente H.O.A.
c/o APM
P.O. Box 188
Scottsdale, AZ 85252

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

ASSETS	
CURRENT ASSETS	
CASH	
Checking Account 1	16,543.36
Money Market Account 1	8,495.32
Money Market Account 2	6,676.56

Total Cash	31,715.24
RECEIVABLES	
Dues	1,720.00

Total Receivables	1,720.00
Total Assets	33,435.24
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LIABILITIES	
CURRENT LIABILITIES	
Prepaid Dues	3,660.38

Total Liabilities	3,660.38
CAPITAL	
Retained Earnings	4,727.78
Net Income	25,047.08

Total Capital	29,774.86
Total Liab. and Capital	33,435.24
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