



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

Arizona Corporation Commission



DUE ON OR BEFORE 04/23/2000

FY99-00

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

1. -0114383-0
CASITA EL PUENTE ASSOCIATION, INC.
PO BOX 188
SCOTTSDALE, AZ 85252

APR 19 2000

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

2. Arizona Statutory Agent: ASSOCIATED PROPERTY MANAGEMENT
Street Address: 14820 N CAVE CREEK RD #19
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85032-

Use this box only if appointing a new Statutory Agent

AGC USE ONLY	
Fee	\$ 10.00
Penalty	\$ _____
Reinstate	\$ _____
Expedit	\$ _____
Resubmit	\$ _____

IPB 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

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

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

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

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.

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here and go on to Section 8.)

Name: DALE NEERHOOD
Title: PRESIDENT/CEO
Address: P O BOX 188
SCOTTSDALE, AZ 85252-

Date taking office: ~~02/12/1999~~ 2/8/00

Name: CHRISTINE MOLESKY
PETERSON/DIANA
Title: 13-37 Secretary
5100 N. Miller Road #37
Address: Scottsdale, AZ 85250
SCOTTSDALE, AZ 85252

Date taking office: ~~02/12/1999~~ 2/8/00

Name: CHRISTINE MOLESKY
ROFF/RAYMOND E.
Title: 13-13 Vice Pres.
5100 N. Miller Road #13
Address: Scottsdale, AZ 85250
SCOTTSDALE, AZ 85252

Date taking office: ~~02/12/1999~~ 2/8/00

Name: LENEFER MILLSTRAD
BIGELOW/BETTY
Title: 13-07 Treasurer
5100 N. Miller Road #7
Address: Scottsdale, AZ 85250
SCOTTSDALE, AZ 85252

Date taking office: ~~02/12/1999~~ 2/8/00

8. DIRECTORS (If no changes since last report, check here and go on to Section 9.)

Name: JOAN ROFF
Address: P O BOX 188
SCOTTSDALE, AZ 85252-

Date taking office: ~~02/11/1997~~ 2/8/00

Name: SHIMASAKI/KENJI
Address: 13-38
5100 N. MILLER RD. #38
Scottsdale, AZ 85250

Date taking office: 2/8/00

Name: NEARHOOD/DALE & VIOLA
Address: 13-49
5100 N. Miller Road #49
Scottsdale, AZ 85250

Date taking office: ~~02/12/1999~~ 2/8/00

Name: _____
Address: _____

Date taking office: _____

BALANCE SHEET - CASITA EL PUENTE HOA (13)
December, 1999

PREPARED FOR :
Casita El Puente H.O.A.

PREPARED BY :
ASSOCIATED PROPERTY MGMT
P.O. Box 188
Scottsdale, AZ 85252

ASSETS

CASH

Checking Account 1	6,289.70
#1 Money Market Account	7,026.91
#2 Money Market Account	3,686.23

Total Cash	17,002.84
------------	-----------

RECEIVABLES

A/R Dues	7,968.39
----------	----------

Total Reserves	7,968.39
----------------	----------

Total Assets	24,971.23
--------------	-----------

LIABILITIES

Prepaid Dues	1,536.38
--------------	----------

Total Liabilities	1,536.38
-------------------	----------

CAPITAL

Retained Earnings	28,068.24
-------------------	-----------

Net Income	-4,633.39
------------	-----------

Total Capital	23,434.85
---------------	-----------

Total Liab. and Capital	24,971.23
-------------------------	-----------

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

Only 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. | 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). | |

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

If YES, enter the following: 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 <u>DALE NEARHOOD</u>	Date <u>4/17/00</u>	Name <u>Betty D. Bigelow</u>	Date <u>4/17/00</u>
Signature <u>Dale Nearhood</u>		Signature <u>Betty D. Bigelow</u>	
Title <u>President</u>		Title <u>TREASURER</u>	

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