



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

Arizona Corporation Commission



00122474

DUE ON OR BEFORE 04/11/2000

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.**

-0129360-7

1. MONTEIL HOMEOWNERS' ASSOCIATION
% COLLY MANAGEMENT INC.ES
13622 N 99TH AVE
SUNCITY, AZ 85351

RECEIVED

MAR 08 2000

Business Phone: _____

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: ~~FERRY CUELLAR~~ Tammy Matthews
Street Address: ~~3620 N 3RD ST~~ 13622 N 99th Ave
(NOT P.O. BOX)
City, State, Zip: PHOENIX Sun City AZ 85012-2020 85351

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstatement \$ _____

Expedite \$ _____

Resubmit \$ _____

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.

Tammy Matthews

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: PHIL ZENI
Title: PRESIDENT/CEO

Title: _____

Address: 1602 E CACTUS WREN DR
PHOENIX, AZ 85020-

Date taking office: 03/06/1997

Name: DEBRA MALOUF
Title: SECRETARY

Title: _____

Address: 1632 E AURELIUS DR
PHOENIX, AZ 85020-

Date taking office: 03/06/1997

Name: BETH CARLISI
Title: VICE-PRESIDENT

Title: _____

Address: 1616 E CACTUS WREN DR
PHOENIX, AZ 85020-

Date taking office: 03/06/1997

Name: JOHN KING
Title: TREASURER

Title: _____

Address: 1636 E AURELIUS
PHOENIX, AZ 85020-

Date taking office: 03/06/1997

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

Name: HELEN CARTER

Address: 1644 E AURELIUS

PHOENIX, AZ 85020-

Date taking office: 11/01/1996

Name: PHIL ZENI

Address: 1602 E CACTUS WREN DR

PHOENIX, AZ 85020-

Date taking office: 03/06/1997

Name: BETH CARLISI

Address: 1616 E CACTUS WREN DR

PHOENIX, AZ 85020-

Date taking office: 03/06/1997

Name: _____

Address: _____

Date taking office: _____

MONTEIL HOMEOWNERS

CORPORATION FILE NUMBER: 0129360-7

7. OFFICERS

**NAME: KEN WEED
TITLE: PRESIDENT
ADDRESS: 1606 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

**NAME: WENDALL CHAPMAN
TITLE: VICE PRESIDENT
ADDRESS: 1614 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

**NAME: RON EWING
TITLE: SECRETARY
ADDRESS: 1636 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

**NAME: RON EWING
TITLE: TREASURER
ADDRESS: 1636 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

8. DIRECTORS

**NAME: KEN WEED
ADDRESS: 1606 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

**NAME: WENDALL CHAPMAN
ADDRESS: 1614 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

**NAME: RON EWING
ADDRESS: 1636 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

**NAME: RON EWING
ADDRESS: 1636 E CACTUS WREN DRIVE
PHOENIX, AZ 85020
DATE: 01/01/2000**

MONTEIL HOMEOWNERS

BALANCE SHEET
DECEMBER 31, 1999

ASSETS

CURRENT ASSETS

ASSOCIATION OPERATING ACCT.

\$ 2,668.55

TOTAL CURRENT ASSETS

\$ 2,668.55

TOTAL ASSETS

\$ 2,668.55

LIABILITIES & HOMEOWNERS EQUITY

LIABILITIES

HOMEOWNERS EQUITY

PRIOR YEARS SURPLUS/DEFICIT(-)

3,193.67

CURRENT YEAR SURPLUS/DEFICIT(-)

525.12-

TOTAL HOMEOWNERS EQUITY

2,668.55

TOTAL LIABILITIES AND

HOMEOWNERS EQUITY

\$ 2,668.55

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 Kenneth J. Weed Date 3/6/00 Name _____ Date _____

Signature Kenneth J. Weed Signature _____

Title President Title _____

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