



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

Arizona Corporation Commission



DUE ON OR BEFORE 04/11/2001

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.

-0129360-7

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

RECEIVED

MAR 06 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: **TAMMY MATTHEWS**
Street Address: **13622 N 99TH AVE**
(NOT P.O. BOX)
City, State, Zip: **SUN CITY AZ 85351-**

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee	\$ <u>10</u>
Penalty	\$ _____
Reinstate	\$ _____
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.

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 _____

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IPR 030701

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.

-0129360-7

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. **Please Type or Print Clearly.**

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

Name: _____

Name: _____

Title: _____

Title: _____

Address: *See Attached* _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: *See Attached* _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

MONTEIL HOMEOWNERS' ASSOCIATION ✓

CORPORATION FILE NUMBER: 0129360-7

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OFFICERS

NAME: RONALD A EWING
TITLE: PRESIDENT
ADDRESS: 1636 E CACTUS WREN DR
PHOENIX, AZ 85020
DATE: 9/7/00

NAME: WILLIAM BAKER
TITLE: VICE PRESIDENT
ADDRESS: 1627 E CACTUS WREN DR
PHOENIX, AZ 85020
DATE: 9/7/00

NAME: WILLIAM BAKER
TITLE: SECRETARY
ADDRESS: 1627 E CACTUS WREN DR
PHOENIX, AZ 85020
DATE: 9/7/00

NAME: RONALD A EWING
TITLE: TREASURER
ADDRESS: 1636 E CACTUS WREN DR
PHOENIX, AZ 85020
DATE: 9/7/00

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DIRECTORS

NAME: RONALD A EWING
ADDRESS: 1636 E CACTUS WREN DR
PHOENIX, AZ 85020
DATE: 9/7/00

NAME: WILLIAM BAKER
ADDRESS: 1627 E CACTUS WREN DR
PHOENIX, AZ 85020
DATE: 9/7/00

NAME:
ADDRESS:

NAME:
ADDRESS:

DATE:

DATE:

MONTEIL HOMEOWNERS ✓

BALANCE SHEET
DECEMBER 31, 2000

ASSETS

CURRENT ASSETS

ASSOCIATION OPERATING ACCT.

\$ 10,023.64

TOTAL CURRENT ASSETS

\$ 10,023.64

TOTAL ASSETS

\$ 10,023.64

LIABILITIES & HOMEOWNERS EQUITY

LIABILITIES

HOMEOWNERS EQUITY

RESERVE EQUITY

RESERVE-SPRINKLERS

600.00

RESERVE-PAVING

600.00

TOTAL RESERVE EQUITY

1,200.00

OPERATING SURPLUS/DEFICIT(-)

PRIOR YEARS SURPLUS/DEFICIT(-)

2,668.55

CURRENT YEAR SURPLUS/DEFICIT(-)

6,155.09

TOTAL OPERATING SURPLUS/DEFICIT(-)

8,823.64

TOTAL LIABILITIES AND

HOMEOWNERS EQUITY

\$ 10,023.64

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. | 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**

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 incorporated
- 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 Ronald A Swiny Date 3/5/01 Name _____ Date _____

Signature [Signature] Signature _____

Title President Title _____

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