



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

Arizona Corporation Commission



00409997

**DUE ON OR BEFORE 04/07/2000**

**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**

JUL 24 2001

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

1. **-0158802-1**  
**COUNTRY MEADOWS CONDOMINIUMS UNIT TWO AS**  
**% NEW HORIZON MGMT CO**  
**8650 N 35TH AVE #100**      2715 W NORTHERN AVE #107  
**PHOENIX, AZ 85061**      PHOENIX AZ 85051-6641

Business Phone: \_\_\_\_\_ (Business phone is optional)  
State of Domicile: **ARIZONA**      Type of Corporation: **NON-PROFIT**

**RECEIVED**

DEC - 3 2001

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

2. Arizona Statutory Agent: **NEW HORIZON MGMT CO**  
Street Address: **8650 N 35TH AVE #100**  
**PHOENIX, AZ 85027**  
City, State, Zip:

*Use this box only if appointing a new Statutory Agent*

*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

ACC USE ONLY

Fee \$ 10

Penalty \$ \_\_\_\_\_

Reinstata \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

NO \$1250  
267282 319948

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.

- |   |  |   |
|---|--|---|
| <b>BUSINESS CORPORATIONS</b>                    |  | <b>NON-PROFIT CORPORATIONS</b>                                  |
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   | 1. <input type="checkbox"/> Charitable                          |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          | 2. <input type="checkbox"/> Benevolent                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      | 3. <input type="checkbox"/> Educational                         |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  | 4. <input type="checkbox"/> Civic                               |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             | 5. <input type="checkbox"/> Political                           |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              | 6. <input type="checkbox"/> Religious                           |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     | 7. <input type="checkbox"/> Social                              |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  | 8. <input type="checkbox"/> Literary                            |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    | 9. <input type="checkbox"/> Cultural                            |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                | 10. <input type="checkbox"/> Athletic                           |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          | 11. <input type="checkbox"/> Science/Research                   |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           | 12. <input type="checkbox"/> Hospital/Health Care               |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             | 13. <input type="checkbox"/> Agricultural                       |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                | 14. <input type="checkbox"/> Animal Husbandry                   |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     | 15. <input checked="" type="checkbox"/> Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  | 16. <input type="checkbox"/> Professional, commercial           |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       | 17. <input type="checkbox"/> Industrial or trade association    |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |   |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. 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.

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

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

**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**

PLEASE TYPE OR PRINT CLEARLY.

SEE ATTACHED SCHEDULE.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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.

SEE ATTACHED SCHEDULE.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

Country Meadows Condominiums Unit Two Association

Board of Directors

Date elected: October 2000

President

Mark Merrill  
% New Horizon Management  
2715 W. Northern Ave., Ste. 107  
Phoenix, Arizona 85051-6641

*VICE-PRESIDENT  
RICHARD SMITH  
10815 W NORTHERN #121  
GLENDALE, AZ 85307*

Secretary

Barbie Lardie  
10807 W. Northern #110  
Phoenix, Arizona 85307

Directors:

Mark Merrill  
% New Horizon Management  
2715 W. Northern Ave., Ste. 107  
Phoenix, Arizona 85051-6641

Barbie Lardie  
10807 W. Northern #110  
Phoenix, Arizona 85307

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. § 10-1081.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue, OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-8552, OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year, OR
- a copy of the financial statement you prepare for the benefit of your members, OR
- You may simply use the Balance Sheet below.

**BALANCE SHEET**

**ASSETS**

Current Assets:

Cash	37,932.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 37,932.00
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other long-term assets		
<b>Total Assets</b>		<b>\$ 37,932.00</b>

**LIABILITIES**

Current Liabilities:

Accounts Payable	\$	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		0.00
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted		
Unrestricted	37,932.00	
Total Fund Balances		37,932.00
<b>Total Liabilities and Fund Balances</b>		<b>\$ 37,932.00</b>

Unaudited - See Accountant's Compilation Report.

**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 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 Richard J. Smith Date 7-17-01 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Richard J. Smith Signature \_\_\_\_\_

Title Voting President Title \_\_\_\_\_

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