



COPY

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

Arizona Corporation Commission



00440916

DUE ON OR BEFORE 04/07/2001

FX00-01

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-11632 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. 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.

-0158802-1

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

RECEIVED RECEIVED APR 17 2001 DEC - 3 2001 ARIZONA CORP COMMISSION CORPORATIONS DIVISION RECEIVED

Business Phone: State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

JUL 24 2001

ARIZONA CORP COMMISSION CORPORATIONS DIVISION

2. Arizona Statutory Agent: NEW HORIZON MGMT CO Street Address: 8650 N-35TH AVE #100 2715 W NORTHERN AVE #107 (NOT P.O. BOX) City, State, Zip: PHOENIX AZ 85027- 85051-6641

Handwritten notes: No 2/06/02, No 12/5/01, No 7/26/01

Use this box only if appointing a new Statutory Agent

ACC USE ONLY Fee \$10 Penalty \$ Retains \$ Expends \$ Resubmit \$

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

RECEIVED

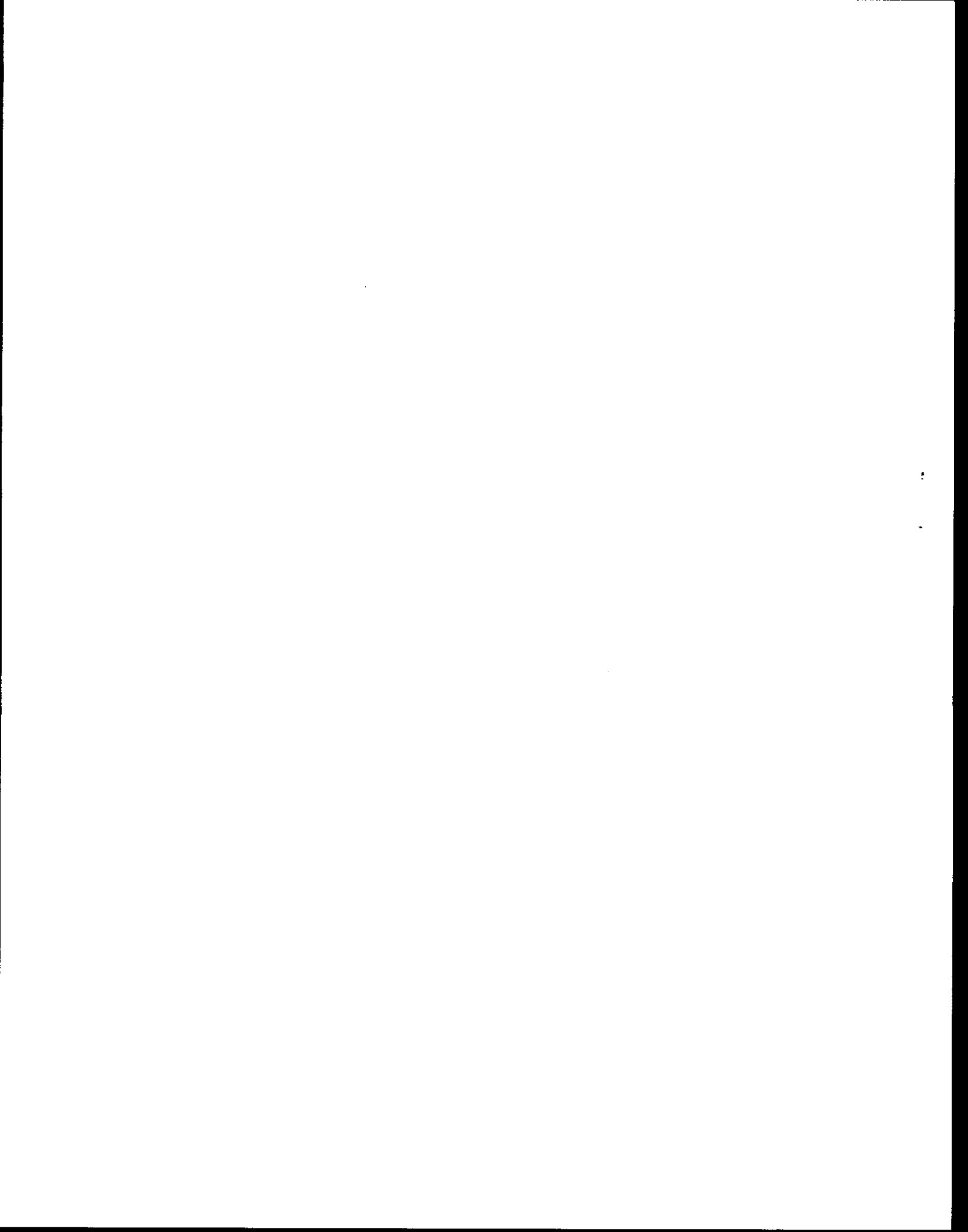
3. Secondary Address: 225895 267282 319948 346621

FEB 05 2002

ARIZONA CORP COMMISSION CORPORATIONS DIVISION

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. Barber/Chematology, 8. Construction, 9. Contractor, 10. Credit/Collection, 11. Education, 12. Engineering, 13. Entertainment, 14. General Consulting, 15. Health Care, 16. Hotel/Hotel, 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. Educational, 3. Educational, 4. Child, 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. Horseowner's Association, 16. Professional, commercial, industrial or trade association, 17. Other



5. CAPITALIZATION:

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:

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: _____

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU

RECEIVED
JAN 10 1994

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

RICHARD Smith
10815 W NORTHERN #121
GLENDALE, AZ
85307

Secretary

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

Directors:

Mark Merrill (see above for address)
Barbie Lardie " " " "

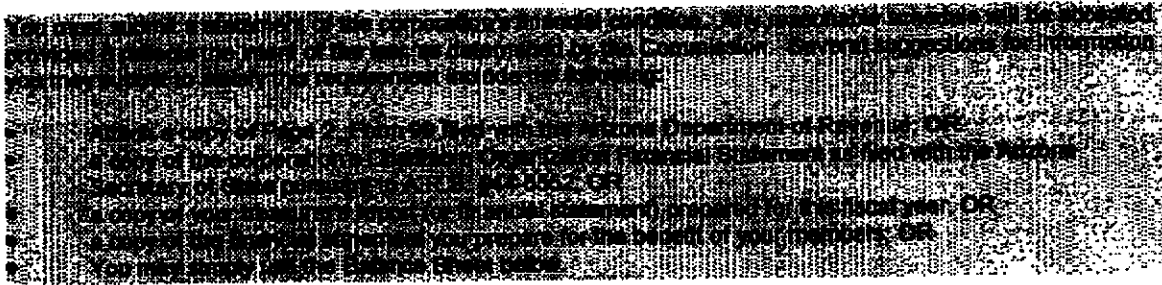
THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU

PROFESSOR OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU

ASSISTANT PROFESSOR OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU

ASSISTANT PROFESSOR OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637
TEL: 773-936-3700
FAX: 773-936-3701
WWW: WWW.CHEM.UCHICAGO.EDU

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



BALANCE SHEET

ASSETS

Current Assets:

Cash	27,996.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 27,996.00
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other long-term assets		
Total Assets		\$ 27,996.00

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	27,996.00	
Total Fund Balances		27,996.00
Total Liabilities and Fund Balances		\$ 27,996.00

Unaudited - See Accountant's Compilation Report.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

5300 S. DICKINSON DRIVE

CHICAGO, ILLINOIS 60637

TEL: 773-936-3636

FAX: 773-936-3636

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WWW: WWW.PHYSICS.UCHICAGO.EDU

WILLIAM A. MUNDELL
CHAIRMAN

JIM IRVIN
COMMISSIONER

MARC SPITZER
COMMISSIONER



ARIZONA CORPORATION COMMISSION

BRIAN C. MCNEIL
EXECUTIVE SECRETARY

JOANNE C. MACDONNELL
DIRECTOR, CORPORATIONS DIVISION

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

COUNTRY MEADOWS CONDOMINIUMS UNIT TWO ASSOCIATION
% NEW HORIZON MGMT CO
2715 W NORTHERN AVE #107

PHOENIX AZ 85051-6641

Date: 01/28/2002
File No: -0158802-1

Original Due Date: April 7, 2001

Received: 12/03/01

We have deposited your check, however your annual report is being returned for the following reason(s):

- > The Certificate of Disclosure on page 3 has not been completed. Please respond **YES** or **NO**, and if **YES**, you must submit the required information.
- > If you have marked **YES** in section 11 under Statement of Bankruptcy you must submit the required information.

Non-profit Corporations must complete section 9A per A.R.S. 10-11622.A.6.

**NOTE: PURSUANT TO A.R.S. 10-1622.E.
TO AVOID PENALTIES AND POSSIBLE ADMINISTRATIVE DISSOLUTION, THIS
REPORT MUST BE RETURNED WITHIN 30 DAYS AFTER THE EFFECTIVE DATE OF
THIS NOTICE TO BE DEEMED TIMELY FILED.**

*** * IMPORTANT * ***

**TO SUCCESSFULLY PROCESS YOUR DOCUMENT, IT IS IMPERATIVE THAT YOU
RETURN:**

- 1) A COPY OF THIS LETTER,
- 2) ANY ANNUAL REPORT(S) WHICH ACCOMPANIED THIS LETTER,
(CORRECTIONS MADE)
- 3) ANY OUTSTANDING FEE,
- 4) ANY OUTSTANDING PENALTY FUNDS

CRUC 541
1002/84 1033

Please Enter Corporation Name: _____

01588021

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?

~~Option 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]

~~Option 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 measures above: The nature and description of each bankruptcy, receivership, or charter revocation of the other corporation; the date and location; the court and public agency involved, and the file or cause number of the case.~~

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 certificates, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Richard J. Smith Date 7-12-91 Name _____ Date _____

Signature Richard J. Smith Signature _____

Title Acting President Title _____

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

