STATE OF ARIZONA
CORPORATION COMMISSION

NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995 **DUE ON OR BEFORE** 04/15/1996

The following information is required by A.R.S. §10-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0170952-3
Corporation Name: OAK CREEK KNOLLS PROPERTY OWNERS ASSOCIATION, INC.
Address: PO BOX 1118

A.C.C. CORPORATIONS DIV.
RECEIVED
APR 16 1996

City, State, Zip: SEDONA AZ 86336-
Domicile: ARIZONA
Type: NON-PROFIT

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

Arizona Statutory Agent: HAROLD L WATKINS
Street Address: 1730 W HWY 89A #4
(NOT P.O. BOX)

City, State, Zip: SEDONA AZ 86336-

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

FILED AS RECEIVED

1. __ Charitable	8. __ Social	15. __ Agricultural
2. __ Benevolent	9. __ Fraternal	16. __ Horticultural
3. __ Educational	10. __ Literary	17. __ Animal Husbandry
4. __ Civic	11. __ Cultural	18. __ Homeowners' Association
5. __ Patriotic	12. __ Athletic	19. __ Professional, commercial, industrial, or trade association
6. __ Political	13. __ Science/Research	
7. __ Religious	14. __ Hospital/Health Care	20. __ Other _____

ACC USE ONLY
Fee $_____
Penalty $_____
Total $_____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ___ 26 - 100 ___ 101 - 500 ___ Over 500 ___

3. *~ ~ If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below ~ ~ ~ ~ and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. ~ ~*

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

_____ _____
Statutory Agent Name Address

_____ _____
Signature City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

_____ _____
Street/P. O. Box City, State, (Country) Zip

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

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

PRESIDENT: DANA W ODOM

Address: 40 PINEWOOD DR

SEDONA, AZ 86336-

Date taking office: 01-18-94

VICE PRESIDENT: _____

Address: _____

_____

Date taking office: _____

SECRETARY: SHEILA HARDING

Address: 30 CACTUS DR

SEDONA, AZ 86336-

Date taking office: 01-18-94

TREASURER: BERNICE OSBORNE

Address: 70 MOORE DR

SEDONA, AZ 86336-

Date taking office: 01-18-94

6. **DIRECTORS** (If no changes since last report, check here __ and go on to Section 7.)

NAME: DANA W ODOM

Address: 40 PINEWOOD DR

SEDONA, AZ 86336-

Date taking office: 01-18-94

NAME: SHEILA HARDING

Address: 30 CACTUS DR

SEDONA, AZ 86336-

Date taking office: 01-18-94

NAME: BERNICE OSBORNE

Address: 70 MOORE DR

SEDONA, AZ 86336-

Date taking office: 01-18-94

NAME: LEONORE BIRCH

Address: PINEWOOD DR

SEDONA, AZ 86336-

Date taking office: 01-18-94

~ ~ DO NOT WRITE BELOW THIS LINE ~ ~

OFFICERS AND BOARD OF DIRECTORS

The following took office on 1-15-96:

PRESIDENT

David Goldman
P.O. Box 2186
Sedona, Arizona 86339

VICE PRESIDENT

LouAnn Odom
40 Pinewood
Sedona, Arizona 86336

SECRETARY

Lisa Frost
30 Moore Dr.
Sedona, Arizona 86336

TREASURER

Nancy Karademos
P.O. Box 3128
Sedona, Arizona 86340

BOARD OF DIRECTORS

Jeanne Michaels
P.O. Box 969
Sedona, Arizona 86339

Lisa Frost
See above

Nancy Karademos
See above

LouAnn Odom
See above

(Non-Profit Corporation Name) _____ (File Number)

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. §44-6552; 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	$ 7,249.42	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		$ 7,249.42
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other assets		
Total Assets		$ 7,249.42

LIABILITIES

Current Liabilities:

Accounts Payable	$	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted		
Unrestricted		
Total Fund Balances		
Total Liabilities and Fund Balances		$ 7,249.42

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:,

1. Been 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. Been 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. Been 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:

(a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
(b) involved the violation of the consumer fraud laws of that jurisdiction, or
(c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES_____ NO X

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.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
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.

8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes ___ **Chapter** _____ **Date Filed** _____ **Case Number** _____ **No** ____ .

9. This report must be executed by the corporation and attested by it's president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

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.

By David Goldman **Date** 4/15/96 **By** Nancy Karadenos **Date** 4/15/96

Title PRESIDENT **Title** TREASURER