



**STATE OF ARIZONA  
CORPORATION COMMISSION**



**NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC**

FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997 *11/11*

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: -0173026-8  
 Corporation Name: WARNER RANCH ASSOCIATION  
 Address: % LEPIN AND RENEHAN MGMT INC  
 PO BOX 50309

**RECEIVED**  
**MAR 13 1997**  
 ARIZONA CORP. COMMISSION  
 CORPORATIONS DIVISION

City, State, Zip: PHOENIX AZ 85076-  
 Domicile: ARIZONA  
 Type: NON-PROFIT

Arizona Statutory Agent: LEPIN & RENEHAN MANAGEMENT INC  
 Street Address: 51 W ELLIOT RD #111  
 (NOT P.O. BOX)

City, State, Zip: TEMPE AZ 85284-

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

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

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

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

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

**PRESIDENT:** FRED TAYLOR

**Address:** 267 E CAROLINE LN #83

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

**VICE PRESIDENT:** JOHN DUGAN

**Address:** 207 W LISA LN #96

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

**SECRETARY:** TOM DRZEWICKI

**Address:** 154 W MYRA LN #98

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

**TREASURER:** KAREN MARTIN

**Address:** 211 W KNOX RD #154

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

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

**NAME:** FRED TAYLOR

**Address:** 267 E CAROLINE LN #83

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

**NAME:** JOHN DUGAN

**Address:** 207 W LISA LN #96

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

**NAME:** TOM DRZEWICKI

**Address:** 154 W MYRA LN #98

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

**NAME:** KAREN MARTIN

**Address:** 211 W KNOX RD #154

TEMPE, AZ 85284-

**Date taking office:** 09-27-93

WARNER RANCH ASSOCIATION  
BOARD OF DIRECTORS

Elected: September 11, 1996

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Term Expiration</u>
<u>President</u> Mike Howard Lot # 24 C4	9679 S. Stephanie Lane Tempe, Arizona 85284	961-3118 (H) 217-2012 (W)	1997
<u>Vice-President</u> Tom Drzewicki Lot # 98 C	154 W. Myrna Lane Tempe, Arizona 85284	897-8026 (H)	1998
<u>Treasurer</u> Tom Sweeney Lot # 39 M	26 E. La Vieve Lane Tempe, Arizona 85284	345-0250 (H) 272-7611 (W)	1997
<u>Secretary</u> Gail Davis Lot # 153 C	207 W. Knox Road Tempe, Arizona 85284	839-7525 (H) 839-2600 (W)	1998
<u>Director</u> Janie Kwiatkowski Lot # 51 C4	336 W. Larona Lane Tempe, Arizona 85284	893-8300 (H) 961-5800 (W)	1997
<u>Director</u> Don Olander Lot # 1 E	210 E. Calle de Arcos Tempe, Arizona 85284	730-8997 (H) 516-3340 (W)	1998
<u>Director</u> Ed Keller Lot # 150 C	16 W. Dawn Dr. Tempe, Arizona 85284	491-9599 (H) 413-6609	1998

**CLYDE H. RAYMOND, CPA**

MEMBER OF THE AMERICAN INSTITUTE OF CPAs

6728 EAST AVALON DRIVE • SCOTTSDALE, ARIZONA 85251 • 949-7862

February 28, 1997

Arizona Corporation Commission

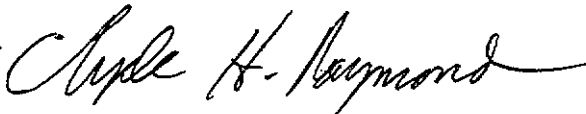
Re: Annual report of WARNER RANCH ASSOCIATION

As of December 31, 1996

I have compiled the statement of financial condition - balance sheet (Section H) of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

My compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. I have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance.

These financial statements are presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.



Certified Public Accountant

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	\$ 141,032	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 141,032
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other assets		
Total Assets		\$ 141,032

**LIABILITIES**

Current Liabilities:

Accounts Payable	\$	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		0
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted		
Unrestricted		141,032
Total Fund Balances		141,032
Total Liabilities and Fund Balances		\$ 141,032

Unaudited - See Accountant's Compilation Report.

**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.                          | 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). |   |

**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  X

9. This report must be executed by the corporation and attested by its 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 \_\_\_\_\_ Date \_\_\_\_\_ By  Mark Davis  Date  3-6-97

Title \_\_\_\_\_ Title  Sec.