



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



DUE ON OR BEFORE 04/21/1998

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-2501 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. & §10-2545.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

RECEIVED

MAR 12 1998

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. FTV-2 HOMEOWNERS ASSOCIATION
% LEPIN & RENEHAN MANAGEMENT
PO BOX 50309
PHOENIX, AZ 85076

Corporation File Number:

-0173078-9

Business Phone: _____
State of Domicile: ARIZONA

(Business phone is optional)
Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: LEPIN & RENEHAN MANAGEMENT
Street Address: 511 W ELLIOT #111
(NOT P.O. BOX)
City, State, Zip: TEMPE AZ 85284-

ACC USE ONLY	
Fee	\$ 10
Penalty	\$
Reinstate	\$
Expedite	\$
Total	\$ 10
FY97-98	

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 _____

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 | ☐ 20. Manufacturing |
| ☐ 2. Advertising | ☐ 21. Mining |
| ☐ 3. Aerospace | ☐ 22. News Media |
| ☐ 4. Agriculture | ☐ 23. Pharmaceutical |
| ☐ 5. Architecture | ☐ 24. Publishing/Printing |
| ☐ 6. Banking/Finance | ☐ 25. Ranching/Livestock |
| ☐ 7. Barbers/Cosmetology | ☐ 26. Real Estate |
| ☐ 8. Construction | ☐ 27. Restaurant/Bar |
| ☐ 9. Contractor | ☐ 28. Retail Sales |
| ☐ 10. Credit/Collection | ☐ 29. Science/Research |
| ☐ 11. Education | ☐ 30. Sports/Sporting Events |
| ☐ 12. Engineering | ☐ 31. Technology(Computers) |
| ☐ 13. Entertainment | ☐ 32. Technology(General) |
| ☐ 14. General Consulting | ☐ 33. Television/Radio |
| ☐ 15. Health Care | ☐ 34. Tourism/Convention Services |
| ☐ 16. Hotel/Motel | ☐ 35. Transportation |
| ☐ 17. Import/Export | ☐ 36. Utilities |
| ☐ 18. Insurance | ☐ 37. Veterinary Medicine/Animal Care |
| ☐ 19. Legal Services | ☐ 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 _____ |

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 (If no changes since last report, check here ☐ and go on to Section 8.)

NAME: BARRY EAGER

TITLE: ~~PRESIDENT/CEO~~ Treasurer

ADDRESS: 5001 E SHOMI ST
PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-14-97

NAME: DUNCAN HANNIGAN

TITLE: ~~SECRETARY~~ President

ADDRESS: 13010 S WAKIAL LOOP
PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-14-97

NAME: CHUCK KLETT

TITLE: VICE-PRESIDENT

ADDRESS: 12858 S 50TH WAY
PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-8-96

NAME: ~~RONALD ALVARADO~~ Greg Kilroy

TITLE: ~~TREASURER~~ Secretary

ADDRESS: 12834 S. Wakial Loop
~~5005 E SHOMI ST~~
PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-14-97

8. DIRECTORS (If no changes since last report, check here ☐ and go on to Section 9.)

NAME: BETTY MURPHY

ADDRESS: 12829 S 50TH WAY

PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-14-97

NAME: PAM SWAN

ADDRESS: 12830 S WAKIAL LOOP

PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-14-97

NAME: PETER FIORE

ADDRESS: 12806 S 50TH WAY

PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-08-96

NAME: JEAN EMERY

ADDRESS: 12628 S 50TH WAY

PHOENIX, AZ 85044-

DATE TAKING OFFICE: 10-14-97

ADDITIONAL OFFICERS & DIRECTORS

Corporation Name: **FTV — 2 HOMEOWNERS ASSOCIATION**

File Number: **0173078—9**

DIRECTOR: PAT SANDERS

Address: 12818 S. WAKIAL LOOP

PHOENIX, AZ 85044

Date taking office: 10—14—97

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

DIRECTOR: _____

Address: _____

Date taking office: _____

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	103,774.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 103,774.00
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other long-term assets		
Total Assets		\$ 103,774.00

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		103,774.00
Total Fund Balances		103,774.00
Total Liabilities and Fund Balances	\$	103,774.00

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only corporations that meet one or more of the following criteria must attach a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

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:

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)

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?

One box must be marked:

YES ☐NO ☒

If YES, enter the following:

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. **CAUTION:** Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. 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 <u>Chuck Klett</u>	Date <u>3/5/98</u>	Name <u>Greg Kilroy</u>	Date <u>6 March 98</u>
Signature <u>Chuck Klett</u>		Signature <u>Greg Kilroy</u>	
Title <u>VICE PRESIDENT</u>		Title <u>Secretary</u>	

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