



STATE OF ARIZONA CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE FOREIGN / DOMESTIC

** CHANGES HAVE BEEN MADE BELOW AND ARE UNDERLINED **

FOR FISCAL YEAR ENDING 12/31/1996 DUE ON OR BEFORE 04/15/1997 **4/17**

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: 0173923-0
 Corporation Name: THE PINNACLE ASSOCIATION
 Address: c/o HOOD ASSOCIATION GROUP INC
 9390 N 95TH ST STE B **ONT**

RECEIVED
APR 14 1997

City, State, Zip: SCOTTSDALE AZ 85258
 Domicile: ARIZONA
 Type: NON-PROFIT

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Arizona Statutory Agent: PATRICIA HOOD
 Street Address: c/o HOOD ASSOCIATION GROUP, INC
 (NOT P.O. BOX) 9390 N 95TH ST STE B

City, State, Zip: SCOTTSDALE AZ 85258

1. Check one or more of the categories below which best describe the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- | | | |
|---|---|---|
| 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,
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>
PAID	

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

25 or Less X 26 - 100 _____ 101 - 500 _____ Over 500 _____

3. ~~~ If appointing a new statutory agent, the new agent MUST consent to that appointment and~~

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.

PATRICIA HOOD

 Statutory Agent Name

 Signature

9390 N 95TH ST STE B

 Address

SCOTTDALE AZ 85258

 City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

N/A

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

In order to serve you better, please DO NOT detach this coupon.

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

PRESIDENT: Robert Smith

VICE PRESIDENT: Jim Dickson

Address: 23337 N. 85th St.

Address: 23270 N. 85th St.

Scottsdale, AZ 85255

Scottsdale, AZ 85255

Date taking office: 02 / 25 / 93

Date taking office: 02 / 23 / 95

SECRETARY: Jim Dickson

TREASURER: Warren Connell

Address: 23270 N. 85th St.

Address: 23256 N. 85th St.

Scottsdale, AZ 85255

Scottsdale, AZ 85255

Date taking office: 02 / 25 / 93

Date taking office: 04 / 24 / 94

ARIZONA CORPORATION COMMISSION

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

NAME: OFFICERS & FOLLOWING:

NAME: Elvin Klein

Address: _____

Address: 23228 N. 85th St.

Scottsdale, AZ 85255

Date taking office: / /

Date taking office: 02 / 25 / 93

NAME: Don Brinton

NAME: _____

Address: 8517 E. Vista Del Lago

Address: _____

Scottsdale, AZ 85255

Date taking office: 02 / 23 / 95

Date taking office: / /

~ ~ Attach Additional Sheets if Necessary ~ ~

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

PRESIDENT: James Delbrook

Address: 8533 E. Vista Del Lago
Scottsdale, AZ 85255

Date taking office: 03 / 03 / 97

VICE PRESIDENT: Gary Bluem

Address: 8509 E. Vista Del Lago
Scottsdale, AZ 85255

Date taking office: 03 / 03 / 97

SECRETARY: Paul West

Address: 8518 E. Vista Bonita
Scottsdale, AZ 85255

Date taking office: 03 / 03 / 97

TREASURER: Warren Connell

Address: 23256 N. 85th St.
Scottsdale, AZ 85255

Date taking office: 04 / 24 / 94

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

NAME: OFFICERS & FOLLOWING:

Address: _____

Date taking office: ___ / ___ / ___

NAME: Jack Sloan

Address: 23214 N. 85th St. #45
Scottsdale, AZ 85255

Date taking office: 03 / 03 / 97

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: ___ / ___ / ___

Date taking office: ___ / ___ / ___

~ ~ Attach Additional Sheets if Necessary ~ ~

CLYDE H. RAYMOND, CPA

MEMBER OF THE AMERICAN INSTITUTE OF CPAs

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

April 2, 1997

Arizona Corporation Commission

Re: Annual report of THE PINNACLE 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.

Clyde H. Raymond

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	15,034.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 15,034.00
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other long-term assets		
Total Assets		\$ 15,034.00

LIABILITIES

Current Liabilities:

Accounts Payable		\$
Other current liabilities		
Total Current Liabilities		0.00
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted		
Unrestricted		15,034.00
Total Fund Balances		15,034.00
Total Liabilities and Fund Balances		\$ 15,034.00

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 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 _____ Date _____ By X. J. C. [Signature] Date 4-9-17

Title _____ Title Treasurer