



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

Arizona Corporation Commission



00031583



*pat*

DUE ON OR BEFORE 04/25/1998

ARIZONA CORP COMMISSION  
CORPORATION ANNUAL REPORT  
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 23 1999

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

1. THE PINNACLE ASSOCIATION  
~~% HOOD ASSOCIATION GROUP INC~~ c/o SHEA REALTY  
~~9390 N 95TH ST STE B~~ 10799 N. 90th STREET, SUITE 100  
SCOTTSDALE, AZ 85258 85260

Corporation File Number: -0173923-0

Business Phone: \_\_\_\_\_ (Business phone is optional)

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

2. Arizona Statutory Agent: PATRICIA HOOD Rossmar Management  
Street Address: ~~% HOOD ASSOCIATION GROUP INC~~  
(NOT P.O. BOX) 9390 N 95TH ST STE B 5050 N 8th PL #6  
City, State, Zip: Phoenix AZ-85258-85014

ACC USE ONLY	
Fee	\$ <u>10</u>
Penalty	\$ <u>16</u>
Reinstate	\$ _____
Expedite	\$ _____
Total	\$ _____
FY97-98	

PAID

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]  
Signature

RECEIVED

Address/Stat Agent  
Change per AR

MAY 04 1999

Date: 4/12/99 Initials: pat

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

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

- |                                                 |                                                              |
|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |                                                                                       |
|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Charitable                                                |
| <input type="checkbox"/> 2. Benevolent                                                |
| <input type="checkbox"/> 3. Educational                                               |
| <input type="checkbox"/> 4. Civic                                                     |
| <input type="checkbox"/> 5. Political                                                 |
| <input type="checkbox"/> 6. Religious                                                 |
| <input type="checkbox"/> 7. Social                                                    |
| <input type="checkbox"/> 8. Literary                                                  |
| <input type="checkbox"/> 9. Cultural                                                  |
| <input type="checkbox"/> 10. Athletic                                                 |
| <input type="checkbox"/> 11. Science/Research                                         |
| <input type="checkbox"/> 12. Hospital/Health Care                                     |
| <input type="checkbox"/> 13. Agricultural                                             |
| <input type="checkbox"/> 14. Animal Husbandry                                         |
| <input checked="" type="checkbox"/> 15. Homeowner's Association                       |
| <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 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 N/A Class \_\_\_\_\_ Series Within Class (if any) \_\_\_\_\_

Number of Shares/Certificates Issued N/A Class \_\_\_\_\_ Series Within Class (if any) \_\_\_\_\_

**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: JAMES DELBROOK  
Title: PRESIDENT/CEO  
Address: 8533 E VISTA DEL LAGO  
SCOTTSDALE, AZ 85255-

Name: GARY BLUEM  
Title: VICE-PRESIDENT  
Address: 8509 E VISTA DEL LAGO  
SCOTTSDALE, AZ 85255-

Date taking office: ~~03-03-97~~ 2-2-98

Date taking office: ~~03-03-97~~ 2-2-98

Name: PAUL WEST  
Title: SECRETARY

Name: WARREN CONNELL  
Title: TREASURER

Address: 8518 E VISTA BONITA  
SCOTTSDALE, AZ 85255-

Address: 23256 N 85TH ST  
SCOTTSDALE, AZ 85255-

Date taking office: ~~03-03-97~~ 2-2-98

Date taking office: ~~04-24-94~~ 2-2-98

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

Name: PAUL WEST  
Address: 8518 E VISTA BONITA  
SCOTTSDALE, AZ 85255-

Name: WARREN CONNELL  
Address: 23256 N 85TH ST  
SCOTTSDALE, AZ 85255-

Date taking office: 2-2-98

Date taking office: 2-2-98

Name: JAMES DELBROOK  
Address: 8533 E VISTA DEL LAGO  
SCOTTSDALE, AZ 85255-

Name: GARY BLUEM  
Address: 8509 E VISTA DEL LAGO  
SCOTTSDALE, AZ 85255-

Date taking office: 2-2-98

Date taking office: 2-2-98

**CYDIE H. RAYMOND, CPA**

MEMBER OF THE AMERICAN INSTITUTE OF CPAs

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

March 8, 1998

Arizona Corporation Commission

Re: Annual report of THE PINNACLE ASSOCIATION  
As of December 31, 1997

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 CPA's.

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 on it.

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	10,701.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 10,701.00
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other long-term assets		
<b>Total Assets</b>		<b>\$ 10,701.00</b>

**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	10,701.00	
Total Fund Balances		10,701.00
<b>Total Liabilities and Fund Balances</b>		<b>\$ 10,701.00</b>

Unaudited - See Accountant's Compilation Report.



**ARIZONA CORPORATION COMMISSION**

CORPORATIONS DIVISION  
ANNUAL REPORTS SECTION  
1300 West Washington  
Phoenix, Arizona 85007-2929

**THE PINNACLE ASSOCIATION  
% SHEA REALTY  
10799 N 90TH ST #100**

**SCOTTSDALE AZ 85260-**

Effective Date: **04/13/99**  
File No: **-0173923-0**

Original Due Date: **April 25, 1998** Received: **03/23/99**

Your annual report and check are being returned for the following reason(s):

- > Fee is incorrect or no check was enclosed when your annual report was filed.

**Total Due - \$10.00**

> Your corporation's annual report arrived at the Commission after its due date. Past due penalties have accrued in accordance with A.R.S. 10-1622.G.

**YOU MUST RETURN ANNUAL REPORT WITH FEES AND PENALTIES AS INDICATED.**

**Total Penalties Due - \$16.00**

**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.**

**Patricia Kendall**  
ANNUAL REPORTS SECTION  
Telephone: (602) 542-3285

AR: 0021  
REV. 09/1995

Please Enter Corporation Name: THE PINNACLE ASSOCIATION

**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)**

**9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.**

or and person controlling or holding more or membership interest in the corporation

This corporation **does**  **does not**  have members.

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**

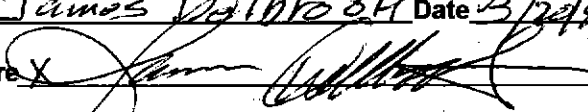
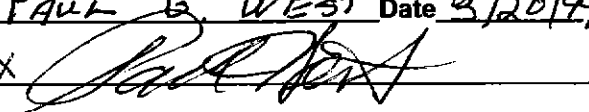
If YES, enter the following: Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

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 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 ✓ James Dalbrock Date 3/24/99 Name ✓ PAUL G. WEST Date 3/20/99  
 Signature X  Signature X   
 Title PRESIDENT Title SECRETARY

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