



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

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: -0190860-0
 Corporation Name: THE TOWNES AT PARADISE VALLEY LANDINGS CONDOMINIUM ASSOCIAT
 Address: % HOOD ASSOC GROUP INC
 9390 N 95TH ST STE B
 City, State, Zip: SCOTTSDALE AZ 85258-
 Domicile: ARIZONA
 Type: NON-PROFIT

RECEIVED
APR 16 1997

Arizona Statutory Agent: PATRICIA A HOOD
 Street Address: 9390 N 95TH ST STE B
 (NOT P.O. BOX)

ARIZONA CORP. COMMISSION
CORPORATION'S DIVISION

City, State, Zip: SCOTTSDALE AZ 85258-

1. Check the one category below which best describes 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 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	\$ 10.00

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

 Signature

 Address

 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: ~~BOB ALEO~~ **VICE PRESIDENT:** ~~RICK BARNES~~
Address: 4114 E UNION HILLS DR #1227 Address: P O BOX 54385
PHOENIX, AZ 85024- PHOENIX, AZ 85078-
Date taking office: 12-12-95 Date taking office: 12-12-95
SECRETARY: KATHY HERRANEN **TREASURER:** ~~ELYSE LERNER~~
Address: 4114 E UNION HILLS DR #1011 Address: 4114 E UNION HILLS DR #1206
PHOENIX, AZ 85024- PHOENIX, AZ 85024-
Date taking office: 12-12-95 Date taking office: 12-12-95

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

NAME: ~~BOB ALEO~~ **NAME:** ~~ELYSE LERNER~~
Address: 4114 E UNION HILLS DR #1227 Address: 4114 E UNION HILLS DR #1206
PHOENIX, AZ 85024- PHOENIX, AZ 85024-
Date taking office: 12-12-95 Date taking office: 12-12-95
NAME: RICK BARNES **NAME:** _____
Address: ~~P O BOX 54385~~ Address: _____
PHOENIX, AZ ~~85078~~ _____
Date taking office: 12-12-95 Date taking office: _____

CHANGE IN OFFICERS AND/OR DIRECTORS

ASSOCIATION NAME: THE TOWNES AT PARADISE VALLEY LANDINGS

PRESIDENT:

Charles Carlise
4114 E. Union Hills #1185
Phoenix, AZ, 85024

DATE TAKING OFFICE:

12-12-96

VICE PRESIDENT:

Dick Pursley
4114 E. Union Hills #1181
Phoenix, AZ, 85024

DATE TAKING OFFICE:

12-12-96

SECRETARY:

DATE TAKING OFFICE:

TREASURER:

Betty Smith
4114 E. Union Hills #1002
Phoenix, AZ, 85024

DATE TAKING OFFICE:

12-12-96

DIRECTOR:

Jean Parrish
4114 E. Union Hills #1250
Phoenix, AZ, 85024

DATE TAKING OFFICE:

12-12-96

DIRECTOR:

Karen Paguin
4114 E. Union Hills
Phoenix, AZ, 85024

DATE TAKING OFFICE:

12-12-96

DIRECTOR:

Rick Barnes
13415 N. 47th St.
Phoenix, AZ, 85032

DATE TAKING OFFICE:

DIRECTOR:

DATE TAKING OFFICE:

The Townes at Paradise Valley Landings Condo
(Non-Profit Corporation Name)

0190860-0
(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	\$ <u>53751</u>	
Trade notes and accounts receivable (less allowance for bad debts)	<u>13579</u>	
Inventories	_____	
Other current assets	_____	
Total Current Assets		\$ <u>67330</u>
Land, buildings and other fixed assets (net of accumulated depreciation)	_____	
Other assets	_____	
Total Assets		\$ <u>67330</u>

LIABILITIES

Current Liabilities:

Accounts Payable	\$ <u>13579</u>	
Mortgages, notes, bonds (payable in less than 1 year)	_____	
Other current liabilities	_____	
Total Current Liabilities		<u>13579</u>
Mortgages, notes, bonds (payable in more than 1 year)	_____	
Fund Balances:		
Restricted	<u>68579</u>	
Unrestricted	<u><14828></u>	
Total Fund Balances		<u>53751</u>
Total Liabilities and Fund Balances		\$ <u>67330</u>

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? NO

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No _____

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 [Signature] Date 4-14-97 By _____ Date _____

Title PRESIDENT Title _____