



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

Arizona Corporation Commission



00539005

DUE ON OR BEFORE 04/20/2000

FY99-00

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 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 & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

RECEIVED

1. **-0190860-0**
THE TOWNES AT PARADISE VALLEY LANDINGS CONDOMINIUM ASSOCIAT
% HOOD ASSOC GROUP INC
9390 N 95TH ST STE B
SCOTTSDALE, AZ 85258

JUL 15 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

AD-DISSOLVED-FILE ANNUAL REPORT 11/01/2000; CONTACT THE COMMISSION AT 542-32851

Business Phone: _____ (Business phone is optional)

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

RECEIVED

2. Arizona Statutory Agent: **PATRICIA A HOOD**
Street Address: **9390 N 95TH ST STE B**
SCOTTSDALE, AZ 85258
City, State, Zip:

AUG 2 1 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

By 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 of new Statutory Agent

NO \$ 8.26.02

452239

433242

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

NONE [X] Name: Name: Name: Name:

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY.

Name: BETY SMITH Title: PRESIDENT Address: 4114 E UNION HILLS DR #1002 PHOENIX AZ 85050

GERLI KRISKA VICE PRESIDENT 4114 E UNION HILLS DR #1251 PHOENIX AZ 85050

Date taking office: 1/14/99 Name: KATHY HERRANEN Title: SECRETARY Address: 4114 E UNION HILLS DR #1011 PHOENIX AZ 85050

Date taking office: 1/4/99 Name: KEVIN MORRIS Title: TREASURER Address: 4114 E UNION HILLS DR #1256 PHOENIX AZ 85050

Date taking office: 1/7/99

Date taking office: 1/12/99

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY.

Name: ELLIE BOND Address: 4114 E UNION HILLS DR #1266 PHX AZ 85050

Name: GENE ROGERS Address: 4114 E UNION HILLS DR #1250 PHX AZ 85050

Date taking office: 1/5/99

Date taking office: 1/5/99

Name: Address:

Name: Address:

Date taking office:

Date taking office:

THE VISTAS
BY ROSSMAR MANAGEMENT COMPANY
STATEMENT OF ASSETS AND FUND BALANCE

DECEMBER 31, 1999

UNAUDITED

A S S E T S

C A S H

BANK ONE CHECKING
SHEA FUNDS

(4,228.17)
5,788.00

TOTAL OPERATING FUNDS

1,559.83

S A V I N G S

BANK ONE CD 8491-1097 10/5/99
BANK ONE CD-8419-7313 2/25/00
BANK ONE CE-8491-3041 2/23/00

8,287.47
49,826.31
13,145.12

TOTAL SAVINGS/RESERVE

71,258.90

TOTAL ASSETS

72,818.73

R E S E R V E F U N D S

JAN 1, 1999 RESERVE BALANCE
OTHER

102,088.12
(11.50)

TOTAL REPLACEMENT RESERVE

102,076.62

F U N D B A L A N C E

PRIOR YEAR BALANCE
EQUITY DECREASE THIS YEAR

9,943.71
(39,201.60)

TOTAL FUND BALANCE

72,818.73

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

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

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

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

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: [Underlined portion pertains to profit corporations only]

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 & 10-3202.02)

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? [Underlined portion pertains to profit corporations only]

One box **must** be marked:

YES

NO

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. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. 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 GERARDINE KRISA Date 7-02-00 Name _____ Date _____

Signature Gerardine Krisa Signature _____

Title Vice President Title _____

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