



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

Arizona Corporation Commission



00539007

**DUE ON OR BEFORE 04/20/2002**

**FY01-02**

**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**

JUL 15 2002

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

1. **-0190860-0**  
**THE TOWNES AT PARADISE VALLEY LANDINGS CONDOMINIUM ASSOCIAT**  
~~% HOOD ASSOC GROUP INC~~ *ROSSMAR & GRAHAM*  
~~9390 N 95TH ST STE B~~ *9362 E RAINBOW*  
**SCOTTSDALE, AZ 85258** *SCOTTSDALE AZ 85260*

**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**

2. Arizona Statutory Agent: ~~PATRICIA A HOOD~~ *ROSSMAR & GRAHAM COMM. ASSOC. MGT*  
Street Address: ~~9390 N 95TH ST STE B~~ *9362 E. RAINBOW DRIVE*  
~~SCOTTSDALE, AZ 85258~~ *SCOTTSDALE, AZ 85260*  
City, State, Zip:

*no \$8.26.02*

**Use this box only if appointing a new Statutory Agent**

<b>ACC USE ONLY</b>	
Fee \$	<i>10.00</i>
Penalty \$	_____
Reinstate \$	_____
Expedite \$	_____
Resubmit \$	_____

*PP* 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.

*Customer Accounting Controller*  
*[Signature]*  
Signature of new Statutory Agent

**RECEIVED**

*452239 43242*

AUG 21 2002

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.

- | <u>BUSINESS CORPORATIONS</u>                    |  | <u>NON-PROFIT CORPORATIONS</u>  |
|---|--|---|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   | <input type="checkbox"/> 1. Charitable  |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          | <input type="checkbox"/> 2. Benevolent  |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      | <input type="checkbox"/> 3. Educational   |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  | <input type="checkbox"/> 4. Civic   |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             | <input type="checkbox"/> 5. Political   |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              | <input type="checkbox"/> 6. Religious   |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     | <input type="checkbox"/> 7. Social  |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  | <input type="checkbox"/> 8. Literary  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    | <input type="checkbox"/> 9. Cultural  |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                | <input type="checkbox"/> 10. Athletic   |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          | <input type="checkbox"/> 11. Science/Research   |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           | <input type="checkbox"/> 12. Hospital/Health Care                                     |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             | <input type="checkbox"/> 13. Agricultural   |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                | <input type="checkbox"/> 14. Animal Husbandry   |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     | <input checked="" type="checkbox"/> 15. Homeowner's Association                       |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  | <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       | <input type="checkbox"/> 17. Other _____  |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |   |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. 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)

Number of Shares/Certificates Issued                      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 PLEASE TYPE OR PRINT CLEARLY.**

Name: BETTY SMITH  
Title: PRESIDENT  
Address: 4114 E. Union Hills Dr. #1002  
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: 1/15/99

Name: GERRI KRISKA  
Title: VICE PRESIDENT  
Address: 4114 E. Union Hills Dr. #1251  
PHOENIX, AZ 85050

Date taking office: 1/15/99  
Name: KEVIN MORRIS  
Title: TREASURER  
Address: 4114 E. Union Hills Dr. #1256  
Phoenix, AZ 85050  
Date taking office: 1/15/99

**8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY.**

Name: GERRI KRISA  
Address: 4114 E. Union Hills Dr. #1251  
Phoenix, AZ 85050  
Date taking office: 1/15/99

Name: GENE ROGERS  
Address: 4114 E. Union Hills Dr. #1250  
Phoenix, AZ 85050  
Date taking office: 1/15/99

Name: ELLIE BOND  
Address: 4114 E. Union Hills Dr. #1256  
Phoenix, AZ 85050  
Date taking office: 1/15/99

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date taking office: \_\_\_\_\_

**The Townes at Paradise Valley Landings  
Condominium Association  
4114 E Union Hills Dr.  
Phoenix, Arizona 85050**

June 26, 2002

State of Arizona  
Corporation Commission  
File #0190860-0

To Whom It May Concern:

The current officers of the Association have signed all the enclosed reports. This is due to the fact that the lists for the various Boards of Directors (for the years 1997 thru 2000) could NOT be found.

Our auditor told us that this letter would justify the current officers signing all five years worth of reports.

Thank you,

  
~~Betty Smith, President~~  
GERADINE KRIZA VICE PRESIDENT

05/17/2002  
1:41 PM790 THE TOWNES AT PARADISE VALLEY LANDINGS HOA  
BALANCE SHEET  
12/31/2001

Page: 1

ROSSMAR & GRAHAM CAM  
9362 E RAINTREE DR  
SCOTTSDALE AZ 85260

## ASSETS

OPERATING FUNDS		
OPERATING BANK ONE ARIZONA	8,754.05	
	-----	
TOTAL OPERATING FUNDS		8,754.05
RESERVE FUNDS		
RESERVE BANK ONE #3198-7709	71,176.12	
	-----	
TOTAL RESERVE FUNDS		71,176.12
TOTAL ASSETS		79,930.17
		=====

## LIABILITIES &amp; EQUITY

HOMEOWNERS EQUITY		
RESERVE EQUITY		
RESERVE GENERAL	71,176.12	
	-----	
TOTAL RESERVE EQUITY		71,176.12
OPERATING SURPLUS/(DEFICIT)		
P/Y SURPLUS (DEFICIT)	5,420.38	
CURRENT SURPLUS/(DEFICIT)	3,333.67	
	-----	
TOTAL SURPLUS/(DEFICIT)		8,754.05
		-----
TOTAL LIABILITIES & EQUITY		79,930.17
		=====

**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 Geraldine Kriza Date 7-20-02 Name GERALDINE KRIZA Date 7-20-02

Signature Geraldine Kriza Signature \_\_\_\_\_

Title Vice President Title \_\_\_\_\_

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