Arizona Corporation Commission

00269154

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

DUE ON OR BEFORE 04/12/2001 FY00-01 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

MAR 13 2001

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

-0192384-0

1. CASTLE ROCK HOMEOWNERS ASSOCIATION, INC.
% STRATFORD MANAGEMENT
PO BOX 40790
TUCSON, AZ 85717

Business Phone: 795-6500 (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: DAVID A MCEVOY
Street Address: 2701 E SPEEDWAY BLVD #101
(NOT P.O. BOX)
City, State, Zip: TUCSON AZ 85716-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee $ 10 IPR 3 (C)

Penalty $_____

Reinstate $_____

Expedite $_____

Resubmit $_____

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 of *new* Statutory Agent

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. X 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)

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. Please Type or Print Clearly.

Name: _____ **Name:** _____

NONE ☐

Name: _____ **Name:** _____

7. OFFICERS Please Type or Print Clearly.

Name: _____ **Name:** _____

Title: _____ Title: _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

Name: _____ **Name:** _____

Title: _____ Title: _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

Name: _____ **Name:** _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

Name: _____ **Name:** _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

0192384-0

ZIP – 85749

The Lakes at Castle Rock Homeowners Association

Board:		
Pres. Howard Schildhouse hschild107@aol.com	2257N. Split Rock Pl.	760-8892 (H)
V.P. Mark Longhi Imf3@qwest.net	2630 N. Lightning A Dr.	760-6642 (H)
Sec. Mel Silverman Melmarkmik@aol.com	9141 E. Mesquite Court	749-3100 (H)
Treas. Jack Hasten **2790(C)** jahasten@home.com	2040 N. Water View Ct.	**760-3843 (H) 400-** 760-5034 (Fax)
Board Members:		
Norma Brewster irwinorma@aol.com	2326 N. Emerald Lake Ct.	760-1225 (H)
Bob Camp Tenmagbob1@aol.com	9628 E. Waters Edge Pl.	749-6336 (H)
Lisa Ostrander dandl@dakotacom.net	2322 N. Emerald Lake Ct.	749-6813 (H)

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03/12/01

Castle Rock Homeowners Association
Budget vs. Actual
January through December 2000

	Jan - Dec '00	Budget	$ Over Bud...	% of Budget
Ordinary Income/Expense				
Income				
Bank Interest	1,815.89	0.00	1,815.89	100.0%
Estate Assessment	71,820.00	72,732.00	-912.00	98.7%
Late Fees	6,417.45	0.00	6,417.45	100.0%
Lot Assessment	22,439.76	62,093.52	-39,653.76	36.1%
Standard Assessment	349,022.40	308,073.60	40,948.80	113.3%
Uncategorized Income	40,354.56	0.00	40,354.56	100.0%
Total Income	491,870.06	442,899.12	48,970.94	111.1%
Expense				
Bank Service Charges	68.72	0.00	68.72	100.0%
Dumpster Fees	9,829.08	9,000.00	829.08	109.2%
Facility Supervisor	1,920.00	1,920.00	0.00	100.0%
Gate/Gatehouse				
Data Maintenance	2,079.00	1,800.00	279.00	115.5%
Gate Maintenance	5,152.71	6,000.00	-847.29	85.9%
Gate Repairs	2,697.53	6,000.00	-3,302.47	45.0%
Total Gate/Gatehouse	9,929.24	13,800.00	-3,870.76	72.0%
General & Administrative				
General Liability Insurance	6,430.00	6,430.00	0.00	100.0%
Management Contract	25,788.75	24,615.00	1,173.75	104.8%
Miscellaneous Exp.	5,749.81	2,400.00	3,349.81	239.6%
Newsletter/Mailings	6,172.70	5,022.00	1,150.70	122.9%
Permits/Fees	1,577.23	150.00	1,427.23	1,051.5%
Professional Service	10,440.02	6,000.00	4,440.02	174.0%
Taxes	254.67	100.00	154.67	254.7%
Total General & Administrative	56,413.18	44,717.00	11,696.18	126.2%
General Repairs	24,135.49	24,000.00	135.49	100.6%
Janitorial Service	5,598.65	6,600.00	-1,001.35	84.8%
Lakes				
Lake Maintenance	15,396.18	18,000.00	-2,603.82	85.5%
Pump Maintenance	20,892.84	14,400.00	6,492.84	145.1%
Total Lakes	36,289.02	32,400.00	3,889.02	112.0%
Landscape				
Landscape Maintenance Contract	95,700.00	105,705.00	-10,005.00	90.5%
Other Landscape Expense	21,663.75	6,000.00	15,663.75	361.1%
Total Landscape	117,363.75	111,705.00	5,658.75	105.1%
Pest Control	0.00	1,200.00	-1,200.00	0.0%
Pool				
Pool Repairs	2,506.56	3,000.00	-493.44	83.6%
Pool Service	7,935.27	10,200.00	-2,264.73	77.8%
Total Pool	10,441.83	13,200.00	-2,758.17	79.1%
Security				
Patrols	9,395.76	30,056.00	-20,660.24	31.3%
Security Monitoring	805.50	2,400.00	-1,594.50	33.6%
Total Security	10,201.26	32,456.00	-22,254.74	31.4%
Security Services	-400.00			
Street Sweeping	3,965.00	7,800.00	-3,835.00	50.8%
Supplies	137.94	0.00	137.94	100.0%
Uncategorized Expenses	0.00			
Utilities				
Electric	46,902.41	48,000.00	-1,097.59	97.7%
Gas	6,230.05	12,000.00	-5,769.95	51.9%
Phone	2,761.38	3,000.00	-238.62	92.0%
Water	4,173.43	7,500.00	-3,326.57	55.6%
Total Utilities	60,067.27	70,500.00	-10,432.73	85.2%
Well Inspections	700.00	760.00	-60.00	92.1%
Total Expense	346,660.43	370,058.00	-23,397.57	93.7%
Net Ordinary Income	145,209.63	72,841.12	72,368.51	199.4%
Other Income/Expense				

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03/12/01

Castle Rock Homeowners Association
Budget vs. Actual
January through December 2000

	Jan - Dec '00	Budget	$ Over Bud...	% of Budget
Other Expense				
Capital Improvements				
Basketball Court	4,502.00	0.00	4,502.00	100.0%
Gates & Fences	6,738.38	0.00	6,738.38	100.0%
Kool Deck	2,843.00	0.00	2,843.00	100.0%
Monument Sign	1,509.59	0.00	1,509.59	100.0%
Ramada Canvas	1,834.21	0.00	1,834.21	100.0%
Rip Rap Work	31,796.84	0.00	31,796.84	100.0%
Sidewalks	8,965.16	0.00	8,965.16	100.0%
Total Capital Improvements	58,189.18	0.00	58,189.18	100.0%
Total Other Expense	58,189.18	0.00	58,189.18	100.0%
Net Other Income	-58,189.18	0.00	-58,189.18	100.0%
Net Income	**87,020.45**	**72,841.12**	**14,179.33**	**119.5%**

Please Enter Corporation Name: Castle Rock Homeowners Association 0192384-0

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.
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.

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 a) 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 Howard Schildhouse **Date** 2/27/01 **Name** Jack Hasten **Date** 3-1-01

Signature _____ **Signature** _____

Title President **Title** Treasurer

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