



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

Arizona Corporation Commission



00120304

DUE ON OR BEFORE 04/04/1999

FY98-99

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.**

-0201757-0

1. CHOLLA VISTA HOMEOWNERS ASSOCIATION

9390 N 95TH ST STE B
SCOTTSDALE, AZ 85258

*Conner Management
PO Box 3070
Chandler AZ 85244*

RECEIVED

DELINQUENT ANNUAL REPORT 10/05/1999; CONTACT THE COMMISSION AT 542-3285!

MAR 01 2000

Business Phone: _____ (Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: PATRICIA A HOOD

Street Address: 9390 N 95TH ST STE B

(NOT P.O. BOX)

City, State, Zip: SCOTTSDALE

AZ 85258-

*David E Johnson
3235 N. Washington
Chandler AZ 85225*

Use this box only if appointing a new Statutory Agent

CANCEL
ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstatement \$ _____

Expedite \$ _____

Resubmit \$ _____

Patricia A Hood 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.

David E Johnson
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. 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.

NONE Name: _____ Name: _____
Name: _____ Name: _____

7. OFFICERS (Attach additional sheets if necessary.)

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 Must List a Minimum of 1 Director.

Name: _____ **Name:** _____
Address: _____ **Address:** _____

Date taking office: _____ **Date taking office:** _____
Name: _____ **Name:** _____
Address: _____ **Address:** _____

Date taking office: _____ **Date taking office:** _____

Jomar Management

Cholla Vista Homeowners Association Officers/Board of Directors

<p style="text-align: center;">President</p> <p>Austin Condon 11842 E. Sahuaro Dr.</p> <p>H: 451-1739 W: 970-586-1762 Term: 1 year</p>	<p style="text-align: center;">Vice President</p> <p>Gordon Palmer 10744 N. 113th St.</p> <p>H: 860-1179 W: Term: 3 years</p>
<p style="text-align: center;">Treasurer</p> <p>Audry Bieber 11219 E. Mercer Ln.</p> <p>H: W: Term: 3 years</p>	<p style="text-align: center;">Secretary</p> <p>Marge Bullock 10837 N. 112th St.</p> <p>H: W: Term: 3 years</p>
<p style="text-align: center;">Director</p> <p>Dave Hillis 10793 N. 113th St.</p> <p>H: W: Term: 1 year</p>	<p style="text-align: center;">Director</p> <p>H: W: Term:</p>
<p style="text-align: center;">Director</p> <p>H: W: Term:</p>	<p style="text-align: center;">Director</p> <p>H: W: Term:</p>

Revised: 2/16/00

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BALANCE SHEET

CHOLLA VISTA HOMEOWNERS ASSOCIATION
% SHEA REALTY, INC.
10799 N. 90TH ST. #100
SCOTTSDALE, AZ 85260
As of 12/31/98

ASSETS

CURRENT ASSETS:

Checking - Bank One	\$	4,277.10
Cash - Savings		10,120.92
Cash - Reserves		7,581.27

* Subtotal Current Assets \$ 21,979.29

TOTAL ASSETS \$ 21,979.29

LIABILITIES & EQUITY

LIABILITIES:

SUBTOTAL LIABILITIES \$.00

APPROPRIATED EQUITY:

Reserve Bal as of Jan. 1, 1999	\$	6,045.75
Current Yr Reserve Transfers		1,392.00
Current Yr Interest Earned		143.52

Subtotal Appropriated Equity \$ 7,581.27

UNAPPROPRIATED EQUITY:

Prior Year Surplus/(Deficit)	\$	14,398.02
Current year income/(loss)		.00

Subtotal Unappropriated Equity \$ 14,398.02

TOTAL LIABILITIES & EQUITY \$ 21,979.29

Please Enter Corporation Name: Challa Veto

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

Only 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**

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 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 Austin W. Condon Date 2/11/2000 Name Audrey E. Bieber Date 2-11/2000
Signature Austin W. Condon Signature Audrey E. Bieber
Title President Title Treasurer
(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)