



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

Arizona Corporation Commission



00265817

DUE ON OR BEFORE 04/09/2001

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.**

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1. CHOLLA VISTA HOMEOWNERS ASSOCIATION

P.O. Box 3768
Scottsdale, AZ 85271

Business Phone: ⁴⁸⁰⁻ 945-5440 (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

RECEIVED

FEB 20 2001

2. Arizona Statutory Agent:
Street Address:
(NOT P.O. BOX)
City, State, Zip:

TEACH TOLERANCE
Ms. Wendy Wolfenden
2529 N Miller Rd
Scottsdale, AZ 85257

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Use this box only if appointing a new Statutory Agent

ACC USE ONLY IPR
Fee \$ 1022.00
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.

Wendy Wolfenden
Signature of new Statutory Agent

199241
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.

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Series Within Class (if any)

Number of Shares/Certificates Authorized _____ Class _____

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: Austin Condon

Title: President

Address: 11284 East Sahuaro
Scottsdale, AZ 85259

Date taking office: 4/00

Name: Marge Bullock

Title: Secretary

Address: 10837 North 112th Place
Scottsdale, AZ 85259

Date taking office: 4/00

Name: Gordon Palmer

Title: Vice President

Address: 10744 North 113th Street
Scottsdale, AZ 85259

Date taking office: 4/00

Name: Steve Weber

Title: Treasurer

Address: 11203 East Mercer Lane
Scottsdale, AZ 85259

Date taking office: 4/00

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY

Name: John Stark

Address: 10637 North 113th Street
Scottsdale, AZ 85259

Date taking office: 1/01

Name: _____

Address: _____

Date taking office: _____

ALL OF THE ABOVE PLUS

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

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
- 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 CONDON Date 2/13/10 Name STEVE WEBER Date 2/12/10

Signature [Signature] Signature [Signature]

Title PRESIDENT Title TREASURER

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

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CHOLLA VISTA INC/EXP STMT	JANUARY 2001	
INCOME		
MAINT FEES		\$5,715.32
SPECIAL ASSESS		
TRANSFER FEES		
LATE FEES		
OTHER		
		\$5,715.32
SAVINGS(OUT)IN		
EXPENSES		
LANDSCAPING	#1040 DBH Landscaping	\$595.00
MATERIALS	#1040 DBH Landscaping	\$291.25
TREE TRIMMING		
SPRINKLERS	#1040 DBH Landscaping	\$8.68
MISCELLANEOUS		
UTILITIES		
WATER	#1037 City of Scottsdale	\$341.86
ELECTRICITY	#1043 APS	\$21.14
PLUMBING		
LIGHTING		
ADMINISTRATION		
MANAGEMENT	#1035 Wolfenden	\$300.00
OFFICE	#1034 S&H Printing	\$95.80
INSURANCE		
CORP COMM		
TAXES(PRPT/INCM)		
MISCELLANEOUS	#1038/39 SCOHA	\$183.50
PRNT/PSTG/FX/CPY		
BANK CHARGES		
EXPENSE TOTALS		\$1,837.23
CASH FLOW		\$3,878.09
BEGIN CKG BAL		\$5,465.26
END CKG BAL		\$9,343.35
SAVINGS		\$19,246.57
DEPOSITS		
INTEREST		
(WITHDRAWALS)		
TOTALS		\$19,246.57
TOTAL FUNDS AVAIL		\$28,589.92
PER UNIT		\$420.44
		EST 1/31