



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



AZ Corp. Commission

00900923

DUE ON OR BEFORE 04/04/2004

FY03-04

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 on page 4 for proper format.

RECEIVED

MAR 24 2004

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0201757-0
**CHOLLA VISTA HOMEOWNERS ASSOCIATION
% ROSSMAR AND GRAHAM
9362 E RAINTREE DR
SCOTTSDALE, AZ 85760**

Business Phone: _____ (Business phone is optional.)

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

2. **Statutory Agent: ROSSMAR AND GRAHAM**
Mailing Address: 9362 E RAINTREE DR
City, State, Zip: SCOTTSDALE, AZ 85760

Physical Address, If Different: _____
Physical Address: _____
City, State, Zip: _____

ACC USE ONLY	
Fee \$	10
Penalty \$	
Reinstate \$	
Expedite \$	
Resubmit \$	

PPR
3/29/04

Use this box only if appointing a new Statutory Agent

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

Printed Name of new Statutory Agent

3. **Secondary Address:** *7564461*

(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. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**. **Please Print or Type Clearly.**

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. **Please Type or Print Clearly.**

NONE Name: _____ Name: _____

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: PAULETTE SCHNABEL

Name: JOYCE CLARK

Title: VICE-PRESIDENT

Title: TREASURER

Address: ROSSMAR & GRAHAM
9362 E. RAIN TREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300

Address: ROSSMAR & GRAHAM
9362 E. RAIN TREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300

Date taking office: 9/03

Date taking office: 9/03

Name: BRIAN POWERS

Name: _____

Title: SECRETARY

Title: _____

Address: ROSSMAR & GRAHAM
9362 E. RAIN TREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300

Address: _____

Date taking office: 9/03

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: DIANE NEUDORFF

Name: _____

Address: ROSSMAR & GRAHAM
9362 E. RAIN TREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300

Address: _____

Date taking office: 9/03

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

02/25/2004
9:10 AM

160 CHOLLA VISTA HOMEOWNERS ASSOCIATION
BALANCE SHEET
12/31/2003

Page: 1

C/O ROSSMAR & GRAHAM
9362 E RAINTREE DR
SCOTTSDALE AZ 85260

ASSETS

OPERATING FUNDS		
FNB OPERATING	9,962.76	
WELLS FARGO BANK	3,758.62	
CASH - PREVIOUS MGMT	5,561.17	
FNB SAVINGS OPERATING	2,503.21	

TOTAL OPERATING FUNDS		21,785.76

TOTAL ASSETS		21,785.76
		=====

LIABILITIES & EQUITY

LIABILITIES		
PREPAID ASSESSMENTS	2,426.51	

TOTAL LIABILITIES		2,426.51
HOMEOWNERS EQUITY		
OPERATING SURPLUS/(DEFICIT)		
P/Y SURPLUS(DEFICIT)	38,638.37	
CURRENT SURPLUS/(DEFICIT)	(19,279.12)	

TOTAL SURPLUS/(DEFICIT)		19,359.25

TOTAL LIABILITIES & EQUITY		21,785.76
		=====

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

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

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/or 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 business 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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

- A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: YES NO
- B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

One box **must** be marked: YES NO

If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 Therese A. Adams Date 2/29/04 Name _____ Date _____

Signature Therese A. Adams Signature _____

Title VP Title _____

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