



**STATE OF ARIZONA  
CORPORATION COMMISSION**



**NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC**

FOR FISCAL YEAR ENDING 12/31/1996 *May*

DUE ON OR BEFORE 04/15/1997 *May*

The following information is required by A.R.S. §10-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

**RECEIVED**  
FEB 13 1997

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Corporation File: -0229700-2  
 Corporation Name: CATHEDRAL PINES COMMUNITY ASSOCIATION, INC.  
 Address: ~~222 W GURLEY ST~~ *1400 ESCALANTE LN*  
 City, State, Zip: PRESCOTT AZ ~~86301~~ *86303*  
 Domicile: ARIZONA  
 Type: NON-PROFIT

Arizona Statutory Agent: ~~WAYNE A SMITH~~ *THOMAS P KELLIHER*  
 Street Address: ~~3300 N CENTRAL AVE #1800~~  
 (NOT P.O. BOX) *1401 ESCALANTE LN*  
 City, State, Zip: ~~PHOENIX~~ *PRESCOTT* AZ ~~85012-9826~~ *86303*

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- |   |   |   |
|---|---|---|
| 1. <input type="checkbox"/> Charitable  | 8. <input type="checkbox"/> Social                | 15. <input type="checkbox"/> Agricultural   |
| 2. <input type="checkbox"/> Benevolent  | 9. <input type="checkbox"/> Fraternal             | 16. <input type="checkbox"/> Horticultural  |
| 3. <input type="checkbox"/> Educational | 10. <input type="checkbox"/> Literary             | 17. <input type="checkbox"/> Animal Husbandry   |
| 4. <input type="checkbox"/> Civic       | 11. <input type="checkbox"/> Cultural             | 18. <input checked="" type="checkbox"/> Homeowners' Association                         |
| 5. <input type="checkbox"/> Patriotic   | 12. <input type="checkbox"/> Athletic             | 19. <input type="checkbox"/> Professional, commercial, industrial, or trade association |
| 6. <input type="checkbox"/> Political   | 13. <input type="checkbox"/> Science/Research     | 20. <input type="checkbox"/> Other _____  |
| 7. <input type="checkbox"/> Religious   | 14. <input type="checkbox"/> Hospital/Health Care |   |

**PAID**

ACC USE ONLY

Fee	\$ 10.00
Penalty	\$ _____
Total	\$ 10.00

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)  
 NONE 25 or Less  26 - 100 \_\_\_\_\_ 101 - 500 \_\_\_\_\_ Over 500 \_\_\_\_\_

3. -- If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below -- and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. --

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

*Thomas P. Kelliher*  
 \_\_\_\_\_  
 Statutory Agent Name  
*Thomas P. Kelliher*  
 \_\_\_\_\_  
 Signature

*1401 ESCALANTE LN*  
 \_\_\_\_\_  
 Address  
*PRESCOTT, AZ 86303*  
 \_\_\_\_\_  
 City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:  
 \_\_\_\_\_  
 Street/P. O. Box City, State, (Country) Zip

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. OFFICERS (If no changes since last report, check here  and go on to Section 6.)

~~PRESIDENT: JIM CHAMBERLAIN~~

~~Address: 505 S MADISON~~

~~TEMPE, AZ 85283-~~

~~Date taking office: 01-11-91~~

~~SECRETARY: PATSY L CHAMBERLAIN~~

~~Address: 505 S MADISON~~

~~TEMPE, AZ 85283-~~

~~Date taking office: 01-11-91~~

VICE PRESIDENT: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

TREASURER: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

SEE ATTACHED SHEET

6. DIRECTORS (If no changes since last report, check here  and go on to Section 7.)

~~NAME: JIM CHAMBERLAIN~~

~~Address: 505 S MADISON~~

~~TEMPE, AZ 85283-~~

~~Date taking office: 01-11-91~~

~~NAME: TY MYERS~~

~~Address: 2200 MISSION WAY~~

~~PRESCOTT, AZ 86302-~~

~~Date taking office: 01-11-91~~

~~NAME: PATSY L CHAMBERLAIN~~

~~Address: 505 S MADISON~~

~~TEMPE, AZ 85283-~~

~~Date taking office: 01-11-91~~

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

SEE ATTACHED SHEET



1400 Escalante Lane  
Prescott, AZ 86303

# COMMUNITY ASSOCIATION

SECTION  
5

## OFFICERS

PRESIDENT: THOMAS P. KELLIHER  
1401 ESCALANTE LN  
PRESCOTT, AZ. 86303  
1/11/96

VICE PRESIDENT: RONALD HANCOCK  
1610 JACK PINE RD  
PRESCOTT, AZ 86303  
1/18/97

SECRETARY: DONALD CARTER  
1412 ESCALANTE DR  
PRESCOTT, AZ 86303  
1/11/96

TREASURER: MARY VANDER MARCK  
1559 SCOTCH PINE DR.  
PRESCOTT, AZ. 86303  
1/11/96

### BOARD OF DIRECTORS

#### President

Tom Kelliher  
771-8263

#### Vice-President

Ron Hancock  
771-2437

#### Secretary

Don Carter  
776-4486

#### Treasurer

Mary VanderMarck  
771-2970

#### Architectural Control

Keith Ruppert  
778-5509



# COMMUNITY ASSOCIATION

SECTION  
6

## DIRECTORS

1400 Escalante Lane  
Prescott, AZ 86303

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- THOMAS P. KELLIHER  
1401 ESCALANTE LN  
PRESCOTT, AZ 86303
- RONALD HANCOCK  
1610 JACK PINE RD.  
PRESCOTT, AZ. 86303
- DONALD CARTER  
1412 ESCALANTE DR  
PRESCOTT, AZ 86303
- MARY VANDER MARCK  
1559 SCOTCH PINE DR  
PRESCOTT, AZ. 86303
- KEITH RUPPERT  
1403 VALLEY VIEW RD  
PRESCOTT, AZ. 86303

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-2501.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
- a copy of the financial statement you prepare for the benefit of your members; OR
- You may simply use the Balance Sheet below.

**BALANCE SHEET**

**ASSETS**

Current Assets:

Cash	\$ <u>20,074</u>	
Trade notes and accounts receivable (less allowance for bad debts)	<u>—</u>	
Inventories	<u>—</u>	
Other current assets	<u>—</u>	
Total Current Assets		\$ <u>20,074</u>
Land, buildings and other fixed assets (net of accumulated depreciation)	<u>—</u>	
Other assets	<u>—</u>	
Total Assets		\$ <u>20,074</u>

**LIABILITIES**

Current Liabilities:

Accounts Payable	\$ <u>—</u>	
Mortgages, notes, bonds (payable in less than 1 year)	<u>—</u>	
Other current liabilities	<u>—</u>	
Total Current Liabilities		<u>—</u>
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted	<u>17,926</u>	
Unrestricted	<u>2,148</u>	
Total Fund Balances		<u>20,074</u>
Total Liabilities and Fund Balances		\$ <u>20,074</u>

**8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-2501.A.7)**

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

- 1. Been 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. Been 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. Been 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:
  - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
  - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES \_\_\_\_\_

NO X

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). |   |

**8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)**

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes \_\_\_\_\_ Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_ No X

9. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

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.

By Thomas P. Kelliker Date 2/10/97 By Mary C. Stander Date 2/12/97  
 Title President Title Treasurer