

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



DUE ON OR BEFORE 04/22/1999

FILING FEE \$10.00 *ho at*

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

1. CATHEDRAL PINES COMMUNITY ASSOCIATION, INC.
1400 ESCALANTE LN
PRESCOTT, AZ 86303

MAR 10 1999

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Corporation File Number:

-0229700-2

Business Phone: _____ *(Business phone is optional)*

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

0229700-2

2. Arizona Statutory Agent: THOMAS P KELLIHER
Street Address: 1401 ESCALANTE LN
(NOT P.O. BOX)
City, State, Zip: PRESCOTT AZ 86303-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee	\$ <u>10</u>
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Total	\$ _____
FY98-99	



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

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other |

NON-PROFIT CORPORATIONS

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

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

7. OFFICERS (If no changes since last report, check here ___ and go on to Section 8.)

Name: ~~DONALD CARTER~~ DOROTHY MORRIS
 Title: PRESIDENT/CEO
 Address: 1391 ESCALANTE DR
 1412 ESCALANTE DR
 PRESCOTT, AZ 86303-

Name: THOMAS P KELLIHER
 Title: VICE-PRESIDENT
 Address: 1401 ESCALANTE LN
 PRESCOTT, AZ 86303-

Date taking office: ~~01-17-98~~ 01-18-99
 Name: ~~KEITH RUPPERT~~
 Title: SECRETARY / TREASURER
 Address: 1403 E VLY VIEW RD
 PRESCOTT, AZ 86303-

Date taking office: 01-17-98
 Name: ~~KEITH RUPPERT~~ JIM CHAMBERLIN
 Title: ~~TREASURER~~ 2ND VICE-PRESIDENT
 Address: 1425 ESCALANTE DR
 1403 E VLY VIEW RD
 PRESCOTT, AZ 86303-

Date taking office: ~~01-17-98~~ 01-18-99

Date taking office: ~~01-17-98~~ 01-18-99

8. DIRECTORS (If no changes since last report, check here ___ and go on to Section 9.)

Name: THOMAS P KELLIHER
 Address: 1401 ESCALANTE LN
 PRESCOTT, AZ 86303-

Name: ~~DONALD CARTER~~ JIM CHAMBERLIN
 Address: ~~1412 ESCALANTE DR~~
 1425 ESCALANTE DR
 PRESCOTT, AZ 86303-

Date taking office: 01-11-96
 Name: ~~KEITH RUPPERT~~
 Address: 1403 E VLY VIEW RD
 PRESCOTT, AZ 86303-

Date taking office: ~~01-11-96~~ 01-18-99
 Name: DOROTHY MORRIS
 Address: 1391 ESCALANTE DR
 PRESCOTT, AZ 86303-

Date taking office: ~~01-17-98~~ 01-18-99

Date taking office: 02-04-98



COMMUNITY ASSOCIATION

Income/Expense Statement Year End December 31, 1998

<u>Revenue</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Assessments	\$21,000	\$20,924	(\$76)
Fees	750	1,268	518
Income	2,250	2,144	(106)
Total Revenue	\$24,000	\$24,336	\$336

<u>Expenses</u>			
Administrative	\$ 1,500	\$ 2,319	(\$819)
Insurance	1,000	688	312
Legal	600	32	568
Maintenance	1,500	2,106	(606)
Snow Removal	350	0	350
Taxes	50	60	(10)
Total Expenses	\$ 5,000	\$ 5,206	(\$206)

<u>Cash Increase</u>	<u>\$19,000</u>	<u>\$19,130</u>	<u>\$130</u>
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<u>Cash</u>			
Beginning 1/1/98	\$28,059	\$28,059	\$ 0
1998 Activity	19,000	19,130	\$130
Balance 12/31/98	\$47,059	\$47,189	\$130

* NOTE: Because of rounding some of the above columns will differ from shown totals by Plus or Minus \$1.00



COMMUNITY ASSOCIATION

PROPOSED BUDGET 1999

<u>REVENUE</u>	<u>BUDGET</u>
Assessments	\$10,400
Fees	875
Investment Income	3,000
Total Income	<u>\$14,275</u>

<u>EXPENSE CATEGORIES</u>	
Administration	\$1,925
Insurance	740
Legal	300
Maintenance	2,000
Snow Removal	250
Taxes	60
Total Expense	<u>\$5,275</u>

CASH INCREASE \$ 9,000

<u>CASH</u>	
Beginning 1/1/99	\$47,189
1999 Activity	9,000
Balance 12/31/99	<u>\$56,189</u>

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 & 10-2505.A)

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:

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)

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?

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 Dorothy A. Morris Date 2/9/99 Name Thomas P. Kelliher Date 2/9/99
Signature Dorothy A. Morris Signature Thomas P. Kelliher
Title President Title Vice-President

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