



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

Arizona Corporation Commission



00330159

02, 15

DUE ON OR BEFORE 04/22/2001

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.**

-0229700-2

1. **CATHEDRAL PINES COMMUNITY ASSOCIATION, I
% JIM CHAMBERLIN
1400 ESCALANTE LN
PRESCOTT, AZ 86303**

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APR 11 2001

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional)
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

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JUN 28 2001

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: **JIM CHAMBERLIN**
Street Address: **1400 ESCALANTE LN**
(NOT P.O. BOX)
City, State, Zip: **PRESCOTT AZ 86303-**

Use this box only if appointing a new Statutory Agent

NO# 06/29/01

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

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: *22322 756635*

(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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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. Please Type or Print Clearly.

Name: _____

Name: _____

NONE

Name: _____

Name: _____

7. OFFICERS Please Type or Print Clearly.Name: Jim ChamberlinTitle: PresidentAddress: 1425 Escalante Drive
Prescott, AZ 86303Date taking office: 1/16/99Name: Sigme RuppertTitle: Secretary / TreasurerAddress: 1403 E Valley View Rd
Prescott AZ 86303Date taking office: 1/16/99Name: Dwaine BrayTitle: 1st Vice PresidentAddress: 1504 Cathedral Pines Circle
Prescott AZ 86303Date taking office: 1/20/01Name: Tony SenarighiTitle: 2nd Vice PresidentAddress: 1541 Scotch Pine Drive
Prescott AZ 86303Date taking office: 1/22/00**8. DIRECTORS** Please Type or Print Clearly.Name: Jim ChamberlinAddress: 1425 Escalante Drive
Prescott AZ 86303Date taking office: 1/16/99Name: Sigme RuppertAddress: 1403 E Valley View Rd
Prescott AZ 86303Date taking office: 1/16/99Name: Dwaine BrayAddress: 1504 Cathedral Pines Cir.
Prescott, AZ 86303Date taking office: 1/20/01Name: Tony SenarighiAddress: 1541 Scotch Pine Drive
Prescott AZ 86303Date taking office: 1/22/00



COMMUNITY ASSOCIATION

Income/Expense Statement

Year End December 31, 2000

<u>Revenue</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
Assessments	\$10,600	\$10,560	\$ (40)
Fees	875	1,620	745
Income	<u>3,750</u>	<u>3,823</u>	<u>73</u>
Total Revenue	\$15,225	\$16,003	\$ 778
<u>Expenses</u>			
Administrative	\$ 2,075	\$ 1,850	\$225
Insurance	777	777	0
Legal	300	165	135
Maintenance	2,500	2,060	440
Snow Removal	250	0	250
Taxes	<u>60</u>	<u>67</u>	<u>(7)</u>
Total Expenses	\$ 5,962	\$ 4,920	\$ 1,042
<u>Income Less Expenses</u>	<u>\$ 9,263</u>	<u>\$11,083</u>	<u>\$ 1,820</u>
<u>Net Worth</u>			
Beginning 1/1/00	\$58,521	\$58,521	\$ 0
2000 Activity	<u>9,263</u>	<u>11,083</u>	<u>\$ 1,820</u>
Balance 12/31/00	<u>\$67,784</u>	<u>\$69,604</u>	<u>\$ 1,820</u>

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

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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 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 Jim Chamberlin Date 3/2/00 Name Signe Ruppert Date 3/2/00
 Signature [Signature] Signature [Signature]
 Title President Title Secretary / Treasurer

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