



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



DUE ON OR BEFORE 04/01/1999

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.**

1. SKY HAWK DRIVE HOMEOWNERS ASSOCIATION, INC.
PO BOX 25466
TEMPE, AZ 85285-5466

RECEIVED

MAR 10 1999

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION
-0231448-4

Corporation File Number:

Business Phone: _____
State of Domicile: ARIZONA

(Business phone is optional.)
Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: MARK VANDER STOEP
Street Address: 6303 S RURAL RD #6
(NOT P.O. BOX)
City, State, Zip: TEMPE AZ 85283-

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Total \$ _____

FY98-99

PAID

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

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.

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: JOHN MARKIN
Title: PRESIDENT/CEO
Address: 14131 CIR RIDGE DR
SUN CITY, AZ 85375-

Name: BILL NEWMAN
Title: VICE-PRESIDENT
Address: 14241 SKY HAWK DR
SUN CITY, AZ 85375-

Date taking office: 12-01-96
Name: SANDRA PETERSON
Title: SECRETARY
Address: 14213 SKY HAWK DR
SUN CITY, AZ 85375-

Date taking office: 12-01-96
Name: ADDISON PACE
Title: TREASURER
Address: 14216 SKY HAWK DR
SUN CITY, AZ 85375-

Date taking office: 12-01-96

Date taking office: 12-01-96

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

Name: SANDRA PETERSON
Address: 14213 SKY HAWK DR
SUN CITY, AZ 85375-

Name: ADDISON PACE
Address: 14216 CIR RIDGE DR
SUN CITY, AZ 85375-

Date taking office: 12-01-96

Date taking office: 12-01-96

Name: JOHN MARKIN
Address: 14131 CIR RIDGE DR
SUN CITY, AZ 85375-

Name: BILL NEWMAN
Address: 14241 SKY HAWK DR
SUN CITY, AZ 85375-

Date taking office: 12-01-96

Date taking office: 12-01-96

SKY HAWK DRIVE

OFFICERS:

ELECTED:

GRACE VAN WINKLE (P)

12/98

JAMES PHILLIPS III (VP)

12/98

DAVID W. WOOD (T)

12/98

SANDRA PETERSEN (S)

12/98

All addresses are P.O. Box 25466, Tempe, AZ 85285

DIRECTORS:

ELECTED:

GRACE VAN WINKLE

12/98

JAMES PHILLIPS

12/98

DAVID W. WOOD

12/98

SANDRA PETERSEN

12/98

GEORGE H. CARLBERG

12/98

All addresses are P.O. Box 25466, Tempe, AZ 85285

SKY HAWK
BUDGET ANALYSIS
FOR THE MONTH ENDED DEC 31, 1998

ASSETS

OPERATING ACCOUNT	12,567.20
BANK ONE HBS 3812-0921	10,092.23

TOTAL ASSETS	22,659.43

LIABILITIES

NET ASSETS	22,659.43
	=====

CAPITAL/EQUITY

SURPLUS/SHORTFALL	13,048.90
CURRENT SURPLUS/SHORTFALL	9,610.53

TOTAL CAPITAL/EQUITY	22,659.43
	=====

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 Groce Van Winkle Date 3-9-99 Name _____ Date _____

Signature Groce Van Winkle Signature _____

Title President Title _____

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