



**STATE OF ARIZONA
CORPORATION COMMISSION**



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

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

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.

Corporation File: -0231448-4
Corporation Name: SKY HAWK DRIVE HOMEOWNERS ASSOCIATION, INC.
Address: PO BOX 25466

City, State, Zip: TEMPE AZ 85285-5466
Domicile: ARIZONA
Type: NON-PROFIT

A.C.C. CORPORATIONS DIV.
RECEIVED

Arizona Statutory Agent: MARK VANDER STOEP
Street Address: 6303 S RURAL RD #6
(NOT P.O. BOX)

MAR 13 1996

City, State, Zip: TEMPE

AZ 85283-

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

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 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 | |

ACC USE ONLY	
Fee	\$ <u>10</u>
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less XX 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.

Statutory Agent Name

Address

Signature

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: B W NEWMAN

Address: 14241 SKY HAWK DR

SUN CITY WEST, AZ 85375+

Date taking office: 12-24-94

VICE PRESIDENT: C DAVID HERRING

Address: 14214 SKY HAWK DR

SUN CITY WEST, AZ 85375-

Date taking office: 12-24-94

SECRETARY: J STUART SCHOFIELD

Address: 14235 CIRCLE RIDGE DR

SUN CITY WEST, AZ 85375-

Date taking office: 12-24-94

TREASURER: RICHARD J ANDERSON

Address: 14211 CIRCLE RIDGE DR

SUN CITY WEST, AZ 85375-

Date taking office: 12-24-94

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

NAME: B W NEWMAN

Address: 14241 SKY HAWK DR

SUN CITY WEST, AZ 85375+

Date taking office: 12-24-94

NAME: C DAVID HERRING

Address: 14214 SKY HAWK DR

SUN CITY WEST, AZ 85375-

Date taking office: 12-24-94

NAME: J STUART SCHOFIELD

Address: 14235 CIRCLE RIDGE DR

SUN CITY WEST, AZ 85375-

Date taking office: 12-24-94

NAME: RICHARD J ANDERSON

Address: 14211 CIRCLE RIDGE DR

SUN CITY WEST, AZ 85375-

Date taking office: 12-24-94

SKY HAWK DRIVE HOMEOWNERS ASSOCIATION

OFFICERS:

	ELECTED
B.W. NEWMAN (P)	12/93
C. DAVID HERRING (VP)	12/93
J. STUART SCHOFIELD (S)	12/93
RICHARD J. ANDERSON	12/93
WILLIAM D. GRABOW	12/93

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

DIRECTORS:

B.W. NEWMAN	12/93
C. DAVID HERRING	12/93
J. STUART SCHOFIELD	12/93
RICHARD J. ANDERSON	12/93
WILLIAM D. GRABOW	12/93

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

SKY HAWK
BUDGET ANALYSIS
FOR THE MONTH ENDED DEC 31, 1995

ASSETS

NORWEST OPERATING ACCOUNT	7,145.60

TOTAL ASSETS	7,145.60

LIABILITIES

NET ASSETS	7,145.60
	=====

CAPITAL/EQUITY

RESERVE ALLOCATIONS	-----

SURPLUS/SHORTFALL	5,267.88
CURRENT SURPLUS/SHORTFALL	1,877.72

TOTAL CAPITAL/EQUITY	7,145.60
	=====

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

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 *C. H. Henry* Date 3/11/96 By *Beverly A. Helton* Date 3/11/96
 Title *PRESIDENT* Title *Treasurer*