



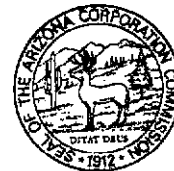
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DEC 15 1997

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

STATE OF ARIZONA  
CORPORATION COMMISSION

NONPROFIT CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
FOREIGN / DOMESTIC



02173  
~~02173~~

CS  
-17/97

FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997

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: -0236606-9  
Corporation Name: TROON RIDGE ESTATES UNITS III AND IV HOMEOWNERS' ASSOCIATION  
Address:

40 Amcor Property Professionals  
15757 N. 78th Street Suite A  
Scottsdale, AZ 85260

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City, State, Zip:  
Domicile:

Type: NON-PROFIT

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

MAY 09 1997

Arizona Statutory Agent: GARY L JONES  
Street Address: 8711 E PINNACLE PEAK RD  
(NOT P.O. BOX)

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

City, State, Zip: PHOENIX AZ 85255-

Done  
1-13-98

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	\$ _____
Penalty	\$ _____
Total	\$ 10

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

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.

Statutory Agent Name

Address

Signature

City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip



BALANCE SHEET - TROON RIDGE ESTATES III & IV  
December, 1996

09/29/97  
2:35 PM

PREPARED FOR :  
TROON RIDGE ESTATES III  
15757 N. 78TH ST STE A  
SCOTTSDALE, AZ 85260

PREPARED BY :  
AMCOR PROP. PROF., INC  
15757 N. 78TH ST STE A  
SCOTTSDALE, AZ 85260

ASSETS

CURRENT ASSETS

Operating Acct-Bk of Ame 3,483.69

TOTAL CURRENT ASSETS 3,483.69

RESERVES

A/R-Troon 5,755.93

TOTAL RESERVE FUNDS 5,755.93

Legal Deposit 1,226.10

Utility Deposits-Water 1,241.88

Statement Fee 125.00

Deposits-Arch Fee 4,500.00

TOTAL ASSETS 16,332.60

MEMBER'S EQUITY

MBR Equity-Prior Periods 9,127.34

Current Earnings(Losses) 7,205.26

TOTAL MEMBERS EQUITY 16,332.60

**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

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 \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_ By [Signature] Date 4/18/97

Title \_\_\_\_\_ Title Sec., Treas., V.P.