



**STATE OF ARIZONA
CORPORATION COMMISSION**



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

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: % Amcor Property Professionals
 15757 N. 78th St. Ste. A

City, State, Zip: Scottsdale, AZ 85260
 Domicile: Arizona

Type: Non-profit
 Arizona Statutory Agent: Amcor Property Professionals
 Street Address: 15757 N. 78th Street Suite A
 (NOT P.O. BOX) Scottsdale, AZ 85260
 City, State, Zip: Phoenix, AZ 85003

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1. Check one or more of the categories below which best describe 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 \$ 10
 Penalty \$ 6
 Total \$ 16

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 and PRESIDENT or VICE PRESIDENT must sign 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.

Dennis May
 Statutory Agent Name
 Signature

15757 N. 78th St. Ste. A
 Address
 Scottsdale, AZ 85260
 City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box City, State, (Country) Zip

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

PRESIDENT: Mike Walderman

VICE PRESIDENT: Bob Paradis

Address: 11334 E Troon Vista Dr
Scottsdale, AZ 85255

Address: 11413 E. Black Rock Rd
Scottsdale, AZ 85255

Date taking office: 10 / 02 / 97

Date taking office: 10 / 02 / 97

SECRETARY: Gregg Sammons

TREASURER: Gregg Sammons

Address: 23955 N. 112th St.
Scottsdale, AZ 85255

Address: 23955 N. 112th St.
Scottsdale, AZ 85255

Date taking office: 10 / 02 / 97

Date taking office: 10 / 02 / 97

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

NAME: Mike Walderman

NAME: Bob Paradis

Address: 11334 E Troon Vista Dr
Scottsdale, AZ 85255

Address: 11413 E. Black Rock Rd
Scottsdale, AZ 85255

Date taking office: 10 / 02 / 97

Date taking office: 10 / 02 / 97

NAME: Gregg Sammons

NAME: _____

Address: 23955 N. 112th St.
Scottsdale, AZ 85255

Address: _____

Date taking office: 10 / 02 / 97

Date taking office: / /

~ ~ Attach Additional Sheets if Necessary ~ ~

TROON RIDGE ESTATES UNITS III & IV HOMEOWNERS ASSOCIATION
 BALANCE SHEET
 AS OF 12/31/96

ASSETS		
CASH		3,483.69
ACCOUNTS RECEIVABLE		<u>5,755.93</u>
TOTAL ASSETS		<u>9,239.62</u>
LIABILITIES		
ACCOUNTS PAYABLE	850.00	
DEP ON HAND-ARCH FEE	4,500.00	
PREPAID DUES	<u>0.00</u>	
TOTAL LIABILITIES		5,350.00
EQUITY		
RETAINED EARNINGS	(3,315.64)	
CURRENT YEAR EARNINGS	<u>7,205.26</u>	
TOTAL EQUITY		<u>3,889.62</u>
TOTAL LIABILITIES & EQUITY		<u>9,239.62</u>

TROON RIDGE ESTATES UNITS III & IV HOMEOWNERS ASSOCIATION
 INCOME STATEMENT
 12/31/96

INCOME		
MEMBERSHIP DUES	41,164.14	
ARCHITECT REVIEW FEES	<u>1,250.00</u>	
TOTAL INCOME		42,414.14
EXPENSES		
ADMIN SERVICES	9,622.19	
LEGAL FEES	3,407.50	
PROPERTY TAX	28.50	
POSTAGE	110.64	
ELECTRIC	435.27	
WATER	461.43	
PHONE	535.50	
SECURITY	8,961.45	
LANDSCAPE MAINT	6,232.50	
STREET SWEEPING	831.17	
REPAIRS & MAINT	3,518.73	
INSURANCE	746.00	
SIGNAGE	<u>318.00</u>	
TOTAL EXPENSES		<u>35,208.88</u>
NET INCOME		<u>7,205.26</u>

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 it's 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 Robert A. Paudis Date 3/4/98 By [Signature] Date 3/9/98

Title Vice Pres/Sec. TRE 334 Title Pres