



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

Arizona Corporation Commission



00600878

DUE ON OR BEFORE 04/21/2002

FY01-02

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. ~~THIS REPORT MUST BE SUBMITTED ON PENALTY OF PERJURY.~~ 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.

RECEIVED

JUL 25 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. **-0236606-9**
TROOM RIDGE ESTATES UNITS III AND IV HOMEOWNERS' A
% AMCOR PROPERTY PROFESSIONALS
15757 N 78TH ST STE A
SCOTTSDALE, AZ 85260

***DELINQUENT ANNUAL REPORT 11/04/2001; CONTACT THE COMMISSION AT 542-32851**

Business Phone: _____
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: **AMCOR PROPERTY PROFESSIONALS**
Street Address: **15757 N 78TH ST STE A**
SCOTTSDALE, AZ 85260

NOB 11/10/02
No # 911602
City, State, Zip:

Use this box only if appointing a new Statutory Agent

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

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

3. Secondary Address:

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 _____

See attached list of officers and directors

-0236606-9 TROON RIDGE ESTATES UNITS III AND IV HOMEOWNERS' ASSOCIATION

5. CAPITALIZATION: ~~(Business Corporation 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)
N/A		

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
N/A		

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
N/A		

6. SHAREHOLDERS: ~~(Business Corporation 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: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

TROON RIDGE ESTATES UNITS III AND IV HOMEOWNERS' ASSOCIATION ✓
BOARD OF DIRECTORS
FILE ID #0236606-9 ✓

July 8, 2002

Please make the following corrections to the Board of Directors.

Officers:

President:

~~Leo Alton~~ **Jeff KING**
~~23651 N. 112th Place~~ **23738 N 113th Pl**
~~Scottsdale, AZ 85255~~ **Scott AZ 85255**
Elected Date ~~6/13/2000~~
2/02

Vice President:

Linda Burner
11405 E. Sands Hills Road
Scottsdale, AZ 85255
Elected Date 6/13/2001

Secretary/Treasurer:

Bill Norwood
11510 E. Black Rock Road
Scottsdale, AZ 85255
Elected Date 6/13/2001

Directors:

~~Leo Alton~~ **Jeff KING**
~~23651 N. 112th Place~~ **23738 N 113th Pl**
~~Scottsdale, AZ 85255~~ **Scott AZ 85255**
Elected Date ~~6/13/2000~~
2/2/02

Linda Burner
11405 E. Sands Hills Road
Scottsdale, AZ 85255
Elected Date 6/13/2001

Bill Norwood
11510 E. Black Rock Road
Scottsdale, AZ 85255
Elected Date 6/13/2001

TROON RIDGE ESTATES III & IV HOA
 BALANCE SHEET
 FISCAL YEAR END DECEMBER 31, 2001
 AS OF 12/31/2001

ASSETS

CURRENT ASSETS	\$	<u>16,500.42</u>	
OPERATING ACCOUNT			\$ 16,500.42
TOTAL CURRENT ASSETS			
RESERVES	\$	53,916.55	
MONEY MARKET - S.C.B.		<u>30,000.00</u>	
SCOTTSDALE COMM - CD - 2/26/02			\$ <u>83,916.55</u>
TOTAL RESERVE FUNDS			\$ 100,416.97
TOTAL ASSETS			<u>=====</u>

LIABILITIES & EQUITY

LIABILITIES	\$	500.00	
ARCHITECTURAL REFUND DEP		<u>18,558.00</u>	
PREPAID FEES			\$ 19,058.00
TOTAL LIABILITIES			
EQUITY	\$	50,008.40	
MBR EQUITY-PRIOR PERIODS		(5,995.86)	
CURRENT EARNINGS (LOSSES)		<u>37,346.43</u>	
CAPITAL RESERVE			\$ <u>81,358.97</u>
TOTAL EQUITY			\$ 100,416.97
TOTAL LIABILITIES & EQUITY			<u>=====</u>

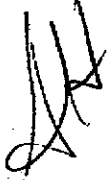
APPROVED
 MGR [Signature]
 DATE 1-7-02
 - BOB - CORP BOOK
 - FILE - OTHER

AMCOR PROPERTY PROFESSIONALS, INC.
15757 N. 78TH ST., SUITE A
SCOTTSDALE, AZ 85260

VOICE (480) 948-5860 ext. 14
FAX (480) 483-6244

MEMO

TO: ARIZONA CORPORATION COMMISSION
FROM: SHELLY HOLLAND, DIRECTOR OF PROPERTIES
SUBJECT: TROON RIDGE ESTATES III & IV HOMEOWNERS' ASSOCIATION
DATE: SEPTEMBER 11, 2002



I am confused by the return of our Annual Report. Page 3 is signed by an office listed in Section 7. I have marked both pages.

Please sign and give me a call to confirm our report has been accepted.

Thank You.

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) [Underlined portion pertains to profit corporations only]

This corporation **does** **does not** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.6 & 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?

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]

YES NO

Chapter _____ Date Filed _____ Case Number _____

12. SIGNATURES

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 William A. Wood Date 11/4/02 Name _____ Date _____

Signature William A. Wood Signature _____

Title Treasurer Title _____

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