



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: -0510934-6
 Corporation Name: CANYON CREST VILLAS HOMEOWNERS' ASSOCIATION, INC.
 Address: 7355 N ORACLE RD #110

City, State, Zip: TUCSON AZ 85704-
 Domicile: ARIZONA
 Type: NON-PROFIT

Arizona Statutory Agent: F M CADDEN
 Street Address: 7355 N ORACLE RD #110
 (NOT P.O. BOX)

City, State, Zip: TUCSON AZ 85704-

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ARIZONA CORP. COMMISSION
 CORPORATIONS DIVISION

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 | |

ACC USE ONLY	
Fee	\$ 10
Penalty	\$ _____
Total	\$ _____

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

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

PRESIDENT: CYNTHIA CRUZ

Address: 2984 W TALARA LN

TUCSON, AZ -

Date taking office: 05-06-95

VICE PRESIDENT: TOM FOLKERS

Address: 8641 N KATAPA TRAIL

TUCSON, AZ 85741-

Date taking office: 05-06-95

SECRETARY: TAMMY COGSWELL

Address: 3049 W VIA PRINCIPIA

TUCSON, AZ 85741-

Date taking office: 05-06-95

TREASURER: TOM MADIGAN

Address: 8732 N AURIGA WY

TUCSON, AZ 85741-

Date taking office: 05-06-95

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

NAME: DOUG KAUTZ

Address: 2936 W VIA PRINCIPIA

TUCSON, AZ 85741-

Date taking office: 05-06-95

NAME: DON MAXWELL

Address: 3048 ARTEBELLA

TUCSON, AZ 85741-

Date taking office: 05-06-95

NAME: MILT ROSDELLEY

Address: 8737 N AURIGA WAY

TUCSON, AZ 85741-

Date taking office: 05-06-95

NAME: -

Address: -

-

Date taking office: -

BALANCE SHEET - consolidated ()
December, 1996

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0510934-6

PREPARED FOR :

PREPARED BY :

CADDEN PARFREY SERVICES
7355 N. ORACLE, #110
TUCSON, AZ 85704

Canyon Crest Villas

ASSETS	
Cash	
B of A - Checking	2,025.26
B of A - Reserve	25,939.45
World Savings-Liquid CD	61,730.17

Total Cash	89,694.88
Assn Improv	36,711.19
Accum Depr Improv	-26,702.03

TOTAL ASSETS	99,704.04
LIABILITIES & CAPITAL	
Liabilities	
RV Lot Deposits	375.00
Members Equity	
CURRENT YR EXCESS/DEF	13,433.75
Fund Balance	85,895.29

Total Equity	99,704.04

TOTAL LIAB. & EQUITY	99,704.04

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 Cynthia L. Cruz Date 2/18/97 By Thomas Madigan Date 2/18/97
 Title PRESIDENT Title TREASURER