

**STATE OF ARIZONA
CORPORATION COMMISSION**



T



**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.

RECEIVED

Corporation File: -0517022-3
 Corporation Name: TIERRASANTA II HOMEOWNERS ASSOCIATION, INC.
 Address: % PROPERTY MANAGEMENT GROUP
 PO BOX 13402

FEB 09 1997

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

City, State, Zip: TUCSON AZ 85715-
 Domicile: ARIZONA
 Type: NON-PROFIT

RECEIVED

FEB 03 1997

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Arizona Statutory Agent: BETTY CARPENTER
 Street Address: 6720 CAMINO PRINCIPAL #103
(NOT P.O. BOX)

City, State, Zip: TUCSON AZ 85715-

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

120
95

- | | | |
|---|---|--|
| 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

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

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

PRESIDENT: DOUG DESALVO

Address: 5400 N INDIAN TR

TUCSON, AZ 85715-

Date taking office: 01-13-93

SECRETARY: ~~CAMILLE DESIMONE~~

Address: ~~7400 E SANTIDAD~~

~~TUCSON, AZ 85715-~~

Date taking office: 01-13-93

VICE PRESIDENT: _____

Address: _____

Date taking office: _____

TREASURER: MANU MANILDI

Address: 5464 INDIAN TR

TUCSON, AZ 85715-

Date taking office: 01-13-93

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

NAME: ~~DOUG DESALVO~~

Address: ~~5400 N INDIAN TR~~

~~TUCSON, AZ 85715-~~

Date taking office: ~~01-13-93~~

NAME: MANU MANILDI

Address: 5464 INDIAN TR

TUCSON, AZ 85715-

Date taking office: 01-13-93

NAME: ~~CAMILLE DESIMONE~~

Address: ~~7400 E SANTIDAD~~

~~TUCSON, AZ 85715-~~

Date taking office: ~~01-13-93~~

NAME: _____

Address: _____

Date taking office: _____

TIERRA SANTA II ASSOCIATION
BOARD OF DIRECTORS

0517022-3

Revised: 2/7/97
Units: 49
Association Fee: \$85.00 - Quarterly
Property Manager: Betty Carpenter

Board of Directors meeting is 2nd Wednesday of each month
Send out packages 1 week ahead to the following board members

1. Mrs. Julie Klewer
5482 N. Indian Trail (50)
2. Ms. Vicki Borsheim
7381 E. Santidad Place (50)
3. Mr. Harold Langer - Treasurer (1998) 299-8485
5545 N. Indian Trail (50) 750-7500 (W)
4. Mrs. Suzanne Hogan - Secretary (1997) 577-0261
7401 E. Santidad (50) 889-2979 (W)
5. Ms. Sharon Clute - Board Member 529-1763
5461 N. Indian Trail (50)
6. Mr. David Frank -- Board Member 794-2054 (H)
5525 N. Indian Trail (50) 577-0976 (W)
7. Dr. Felix Goodman 577-3497
5408 N. Indian Trail (50)
8. Mr. Robert Sullivan 577-2343
5451 N. Indian Trail (50)
9. Ms. Judy Sparkman 577-7561
7390 E. Damasco Place (50)

Each Board member receives the following:

- Income Register = 7
- Budget Comparison Report = 7
- Expense Register = 7
- Delinquency Report = 7

Treasurer Harold Langer gets a full set of financials: (all of the statement reports in package Betty gives to the Secretary)

Vendors:

Landscapers: Desert Arrow - Rick Huser - 742-6238 (H)
(MOBILE) 712-7854

State Farm Insurance: Mark Hafemeister
5557 E. Grant Road
Tucson, AZ 85712 Phone #721-8184

(Non-Profit Corporation Name)

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-2501.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
- a copy of the financial statement you prepare for the benefit of your members; OR
- You may simply use the Balance Sheet below.

BALANCE SHEET

ASSETS

Current Assets:

Cash	\$	<u>8038</u>	
Trade notes and accounts receivable (less allowance for bad debts)		_____	
Inventories		_____	
Other current assets		_____	
Total Current Assets	\$		<u>8038</u>
Land, buildings and other fixed assets (net of accumulated depreciation)		_____	
Other assets		_____	
Total Assets	\$		<u>8038</u>

LIABILITIES

Current Liabilities:

Accounts Payable	\$	_____	
Mortgages, notes, bonds (payable in less than 1 year)		_____	
Other current liabilities		_____	
Total Current Liabilities		_____	
Mortgages, notes, bonds (payable in more than 1 year)		_____	
Fund Balances:			
Restricted		_____	
Unrestricted		<u>8038</u>	
Total Fund Balances			<u>8038</u>
Total Liabilities and Fund Balances	\$		<u>8038</u>

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-2501.A.7)

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 Lucretia Morgan Date 4/7/97 By Sharon Barnes Date 4/7/97
Title President Title Board Member