



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



DUE ON OR BEFORE 04/08/1998

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-2501 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. & §10-2545.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

-0517022-3

1. TIERRASANTA II HOMEOWNERS ASSOCIATION, INC.
% PROPERTY MANAGEMENT GROUP
PO BOX 13402
TUCSON, AZ 85715

Business Phone: _____ Corporation File Number: _____
(Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: BETTY CARPENTER
Street Address: 6720 CAMINO PRINCIPAL #103
(NOT P.O. BOX)
City, State, Zip: TUCSON AZ 85715-

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

ACC USE ONLY	
Fee	\$10.00
Penalty	\$
Reinstate	\$
Expedite	\$
Total	\$10.00
FY97-98	



If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

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.

Betty Carpenter
Signature

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3. Secondary Address:
(Foreign Corporations are REQUIRED to complete this section.)

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

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5. CAPITALIZATION: (Business Corporations 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) _____

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

6. SHAREHOLDERS: (Business Corporations 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.

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here _____ and go on to Section 8.) (SEE ATTACHED)

Name: ~~DQUG DESALVO~~ _____ Name: _____

Title: ~~PRESIDENT/CEO~~ _____ Title: _____

Address: ~~5400 N INDIAN TRL~~ _____ Address: _____

~~TUCSON, AZ 85715-~~

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

Name: ~~SUXANNE HOGAN~~ _____ Name: ~~HAROLD LANGER~~ _____

Title: ~~SECRETARY~~ _____ Title: ~~TREASURER~~ _____

Address: ~~7401 E SANTIDAD~~ _____ Address: ~~5545 N INDIAN TRL~~ _____

Date taking office: _____ Date taking office: _____

8. DIRECTORS (If no changes since last report, check here _____ and go on to Section 9.)

Name: ~~JULIE KLEWER~~ _____ Name: ~~VICKI BORSHEIM~~ _____

Address: ~~5482 N INDIAN TRL~~ _____ Address: ~~7381 E SANTIDAD PL~~ _____

Date taking office: _____ Date taking office: _____

Name: ~~SHARON CLUTE~~ _____ Name: ~~DAVID FRANK~~ _____

Address: ~~5461 N INDIAN TRL~~ _____ Address: ~~5525 N INDIAN TRL~~ _____

Date taking office: _____ Date taking office: _____

TIERRA SANTA II ASSOCIATION
BOARD OF DIRECTORS
(85750)

0577022-3
COPY

Revised: 1/20/98

Units: 49

Association Fee: \$85.00 - Quarterly

Property Manager: Betty Carpenter

1. Mrs. Suzanne Hogan - President (1 year) 577-0261
7401 E. Santidad
2. Mr. Robert Sullivan - Vice President (2 years) 577-2343
5451 N. Indian Trail
3. Mr. Harold Langer - Treasurer (1 year) (H) 299-8485
5545 N. Indian Trail (50) (W) 750-7500
4. Mrs. Julie Klewer - Secretary (3 years) 615-1046
5482 N. Indian Trail
5. Mrs. Vicki Beskind (2 years) 529-2022
7381 E. Santidad Place 577-2007
6. Ms. Sharon Barnes (2 years) 529-1763
5461 N. Indian Trail
7. Mr. David Frank (1 year) (H) 794-2054
5525 N. Indian Trail (W) 577-0976
8. Dr. Felix Goodwin (3 years) 577-3497
5408 N. Indian Trail
9. Ms. Judy Sparkman (3 years) 577-7561
7390 E. Damasco Place

Each Board member receives the following:

Income Register = 9
Budget Comparison Report = 9
Expense Register = 9
Delinquency Report = 9

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

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ARIZONA COMMUNICATIONS
CORPORATIONS DIVISION

BALANCE SHEET
12/31/97

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TIERRA SANTA II

86-0688694

ASSETS	TOTAL
CASH	\$ 11,336
TOTAL ASSETS	\$ 11,336
TOTAL LIABILITIES	\$ 11,336
RETAINED EARNINGS-UNAPPROPRIATED	\$ 11,336
TOTAL CAPITAL & LIABILITIES	\$ 11,336

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9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

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Only corporations that meet one or more of the following criteria must **attach** a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

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:

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?

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One box must be marked:

YES

NO

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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)

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?

One box must be marked:

YES

NO

If YES, enter the following:

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above.

- 1) The names and addresses of each corporation and the person or persons involved.
- 2) The state in which each corporation was a) incorporated b) transacted business.
- 3) The dates of corporate operation.

12. CAUTION: Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. Annual Reports submitted with incorrect signatures will be rejected.

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 <u>Suzanne H Hogan</u>	Date <u>3/12/98</u>	Name <u>ROBERT M. SULLIVAN</u>	Date <u>3/12/98</u>
Signature <u>Suzanne H Hogan</u>		Signature <u>Robert M Sullivan</u>	
Title <u>President</u>		Title <u>VICE PRESIDENT</u>	

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

[Signature]
Secretary