



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

Arizona Corporation Commission



**DUE ON OR BEFORE** 04/08/2000

FY99-00

**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. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** 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.**

-0517022-3

1. TIERRASANTA II HOMEOWNERS ASSOCIATION, INC.  
% PROPERTY MANAGEMENT GROUP  
PO BOX 13402  
TUCSON, AZ 85715 85732-3402

RECORDED

MAR 08 2000

ARIZONA CORPORATION COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_ (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-

*Use this box only if appointing a new Statutory Agent*

ACC USE ONLY	
Fee	\$ 10 39.00
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

*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.*

\_\_\_\_\_  
Signature of new Statutory Agent

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   | NON-PROFIT CORPORATIONS  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Accounting</li> <li><input type="checkbox"/> 2. Advertising</li> <li><input type="checkbox"/> 3. Aerospace</li> <li><input type="checkbox"/> 4. Agriculture</li> <li><input type="checkbox"/> 5. Architecture</li> <li><input type="checkbox"/> 6. Banking/Finance</li> <li><input type="checkbox"/> 7. Barbers/Cosmetology</li> <li><input type="checkbox"/> 8. Construction</li> <li><input type="checkbox"/> 9. Contractor</li> <li><input type="checkbox"/> 10. Credit/Collection</li> <li><input type="checkbox"/> 11. Education</li> <li><input type="checkbox"/> 12. Engineering</li> <li><input type="checkbox"/> 13. Entertainment</li> <li><input type="checkbox"/> 14. General Consulting</li> <li><input type="checkbox"/> 15. Health Care</li> <li><input type="checkbox"/> 16. Hotel/Motel</li> <li><input type="checkbox"/> 17. Import/Export</li> <li><input type="checkbox"/> 18. Insurance</li> <li><input type="checkbox"/> 19. Legal Services</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 20. Manufacturing</li> <li><input type="checkbox"/> 21. Mining</li> <li><input type="checkbox"/> 22. News Media</li> <li><input type="checkbox"/> 23. Pharmaceutical</li> <li><input type="checkbox"/> 24. Publishing/Printing</li> <li><input type="checkbox"/> 25. Ranching/Livestock</li> <li><input type="checkbox"/> 26. Real Estate</li> <li><input type="checkbox"/> 27. Restaurant/Bar</li> <li><input type="checkbox"/> 28. Retail Sales</li> <li><input type="checkbox"/> 29. Science/Research</li> <li><input type="checkbox"/> 30. Sports/Sporting Events</li> <li><input type="checkbox"/> 31. Technology(Computers)</li> <li><input type="checkbox"/> 32. Technology(General)</li> <li><input type="checkbox"/> 33. Television/Radio</li> <li><input type="checkbox"/> 34. Tourism/Convention Services</li> <li><input type="checkbox"/> 35. Transportation</li> <li><input type="checkbox"/> 36. Utilities</li> <li><input type="checkbox"/> 37. Veterinary Medicine/Animal Care</li> <li><input type="checkbox"/> 38. Other _____</li> </ul> |
|   | <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Charitable</li> <li><input type="checkbox"/> 2. Benevolent</li> <li><input type="checkbox"/> 3. Educational</li> <li><input type="checkbox"/> 4. Civic</li> <li><input type="checkbox"/> 5. Political</li> <li><input type="checkbox"/> 6. Religious</li> <li><input type="checkbox"/> 7. Social</li> <li><input type="checkbox"/> 8. Literary</li> <li><input type="checkbox"/> 9. Cultural</li> <li><input type="checkbox"/> 10. Athletic</li> <li><input type="checkbox"/> 11. Science/Research</li> <li><input type="checkbox"/> 12. Hospital/Health Care</li> <li><input type="checkbox"/> 13. Agricultural</li> <li><input type="checkbox"/> 14. Animal Husbandry</li> <li><input checked="" type="checkbox"/> 15. Homeowner's Association</li> <li><input type="checkbox"/> 16. Professional, commercial industrial or trade association</li> <li><input type="checkbox"/> 17. Other _____</li> </ul>  |

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

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

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

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**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 ATTACH*

Name: SUZANNE HOGAN  
Title: PRESIDENT/CEO  
Address: 7401 E SANTIDAD

Name: ROBERT SULLIVAN  
Title: VICE-PRESIDENT  
Address: 5451 N INDIAN TRL

Date taking office: \_\_\_\_\_  
Name: JULIE KLEWER  
Title: SECRETARY  
Address: 5482 N INDIAN TRL

Date taking office: \_\_\_\_\_  
Name: JULIE KLEWER  
Title: TREASURER  
Address: 5482 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: DAVID FRANK  
Address: 5525 N INDIAN TRL

Name: VICKI BESKING  
Address: 7381 E SANTIDAD PL

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Name: SHARON BARNES  
Address: 5461 N INDIAN TRL

Name: FELIX GOODWIN  
Address: 5408 N INDIAN TRL

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**Tierra Santa III Homeowners Association  
Board of Directors  
(85750)**

Revised: 10/29/99

Units: 49

Association Fee: \$89.25 – Quarterly

Property Manager: Betty Carpenter

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- |    |  |                    |                          |
|----|--|--------------------|--------------------------|
| 1. | Mr. Robert Sullivan – President (2000)<br>5451 N. Indian Trail | <i>2/97</i>        | 577-2343<br>799-2550 (W) |
| 2. | Ms. Ronnie Benke – Vice President (2001)<br>7410 E. Santidad   | <i>2/98</i>        | 529-1856                 |
| 3. | Mr. Bruce Jones – Treasurer (2002)<br>5476 N. Indian Trail     | <i>2/99</i>        | 615-1989<br>615-1900     |
| 4. | Mr. Lyle Bentley<br>5470 N. Indian Trail                       | <i>(2001) 2/98</i> | 577-9439                 |
| 5. | Dr. Felix Goodwin (2000)<br>5408 N. Indian Trail               | <i>2/97</i>        | 577-3497                 |
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Each Board Member receives the following:

Income Register  
Budget Comparison  
Expense Register  
Delinquency Report

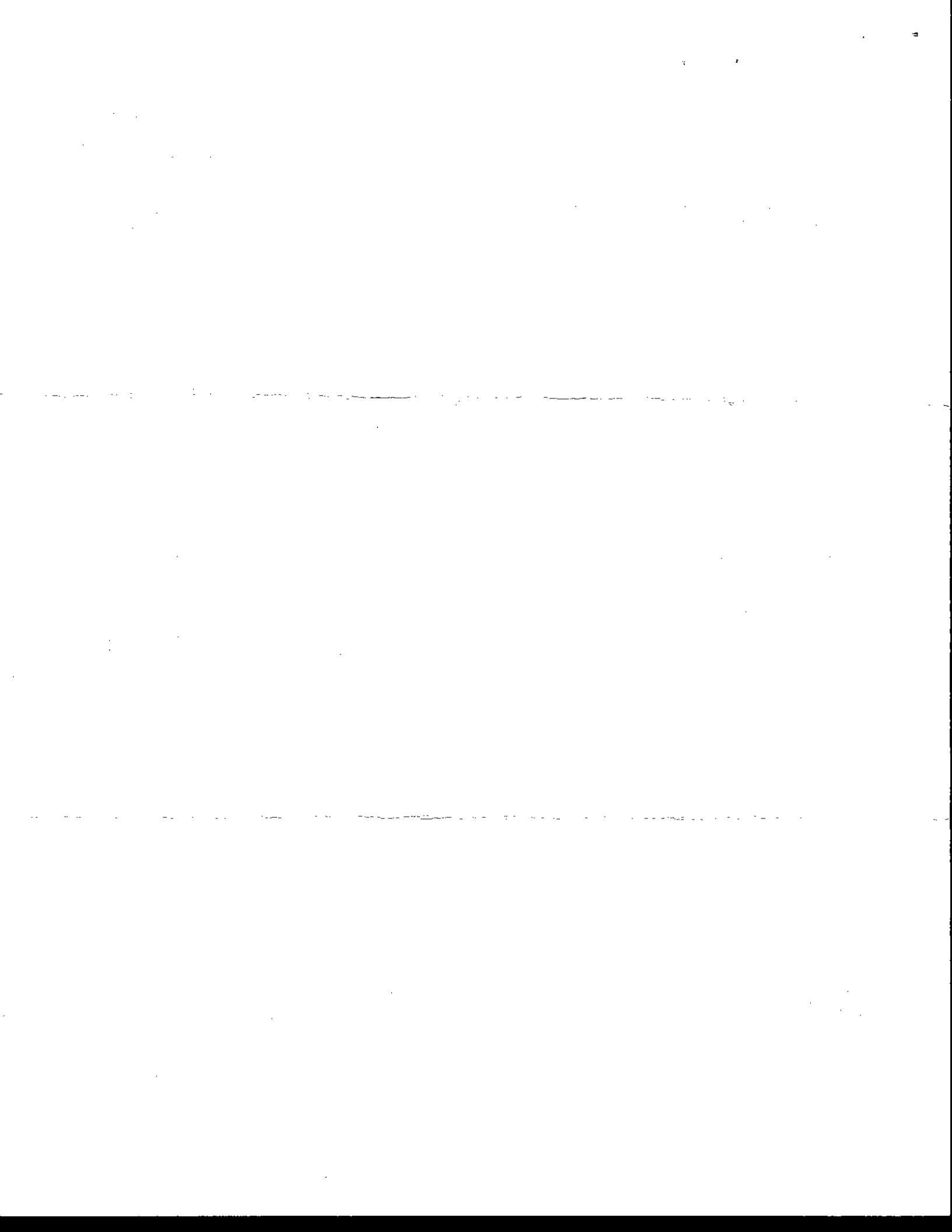
**TREASURER GETS FULL SET OF FINANCIALS**

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**VENDORS:**

Landscapers: Desert Arrow – Rick Huser 742-6238  
Mobile 712-7854

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



Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		17568		18864
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )		( )	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	( )		( )	
11a	Depletable assets				
b	Less accumulated depletion	( )		( )	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	( )		( )	
14	Other assets (attach schedule)				
15	<b>Total assets</b>		<b>17568</b>		<b>18864</b>
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings — Appropriated (attach schedule)				
25	Retained earnings — Unappropriated		17568		18864
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock	( )		( )	
28	<b>Total liabilities and shareholders' equity</b>		<b>17568</b>		<b>18864</b>

Note: The corporation is not required to complete Schedules M-1 and M-2 if the total assets on line 15, col. (d) of Schedule L are less than \$25,000.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (See page 18 of instructions.)**

1	Net income (loss) per books	1296	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Contributions carryover \$		b	Contributions carryover \$	
c	Travel and entertainment \$				
6	Add lines 1 through 5		9	Add lines 7 and 8	
			10	Income (line 28, page 1) — line 6 less line 9	1296

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year		5	Distributions: a Cash	
2	Net income (loss) per books			b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
4	Add lines 1, 2, and 3		7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	



**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)**

Only 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) Nonprofit Corporations Only**

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

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 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?

One box must be marked: **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]

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. SIGNATURES**

**CAUTION:** Annual Reports must be signed by a duly authorized officer. 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 ROBERT M. SULLIVAN Date 3/7/2000 Name BRUCE D. JONES Date 3/6/00  
 Signature [Signature] Signature [Signature]  
 Title PRESIDENT Title Treasurer

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

