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

COPY

DUE ON OR BEFORE 04/10/1998 **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.

1. SKYLINE BEL AIR ESTATES COMMUNITY ASSOCIATION
5410 E PIMA
TUCSON, AZ 85712

Corporation File Number: -0518270-0

Business Phone:_____ (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: Dianne J. Hardman
Street Address: 5410 E PIMA
(NOT P.O. BOX)
City, State, Zip: TUCSON AZ 85712-

ACC USE ONLY
Fee $ 10 —
Penalty $ 16 —
Reinstate $ _____
Expedite $ _____
Total $ 26 —
FY97-98

PAID

Use this box only if appointing a new Statutory Agent

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.

Dianne J Hardman
Signature of *new* Statutory Agent

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CORPORATIONS DIVISION

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.

Y905

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.)

Name: CARL SCHWERSINSKE
Title: PRESIDENT/CEO
Address: 5872 N CAMINO ARIZPE
TUCSON, AZ - 85718
Date taking office: 2/97

Name: _____
Title: _____
Address: _____
_____
Date taking office: _____

Name: Kevin Liebentritt
Title: SECRETARY
Address: 6032 N. Cmo Arizpe
TUCSON, AZ 85718-
Date taking office: 2/96

Name: Joyce Donovan
Title: TREASURER
Address: 4741 Cmo La Brinca
TUCSON, AZ 85718-
Date taking office: 2/96

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

Name: Fran Hollingsworth
Address: 6101 N Camino Almonte
TUCSON, AZ 85718
Date taking office: 02-13-96

Name: Rudy Jimenez
Address: 6131 N Cmo Almonte
TUCSON, AZ - 85718
Date taking office: 2/97

Name: _____
Address: _____
TUCSON, AZ 85718-
Date taking office: _____

Name: _____
Address: _____
_____
Date taking office: _____

SKYLINE BEL AIR HOA
P. O. BOX 5803
TUCSON, ARIZONA 85703

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: 12/31/97
STATEMENT OF CHANGES IN FINANCIAL POSITION
PROPERTY NUMBER: 20

	For the month of December		Accounting year to -	
	CURRENT MONTH		YEAR TO DATE	
OPENING BANK BALANCES				
CHECKING ACCOUNT	4,011.94		0.00	
WELLS FARGO MM ACCOUNT	0.00		0.00	
DEAN WITTER TRUST COMPANY	85,240.52		0.00	
TIME DEPOSIT 5/25/97	0.00	89,252.46	0.00	0.00
NET OPERATING INCOME/(DEFICIT)				
INCOME	0.00		73,399.33	
Less EXPENSES	3,540.02	(3,540.02)	54,782.41	18,616.92
		85,712.44		18,616.92
NET INCREASE/(DECREASE) IN ASSETS		0.00		0.00
		85,712.44		18,616.92
NET INCREASE/(DECREASE) IN LIABILITIES				
JL KEY DEPOSITS	0.00	0.00	363.50	363.50
		85,712.44		18,980.42
NET CHANGES IN EQUITY				
RETAINED EARNINGS	0.00	0.00	66,732.02	66,732.02
		85,712.44		85,712.44
CLOSING BANK BALANCES				
CHECKING ACCOUNT	471.92		471.92	
WELLS FARGO MM ACCOUNT	0.00		0.00	
DEAN WITTER TRUST COMPANY	85,240.52		85,240.52	
TIME DEPOSIT 5/25/97	0.00	85,712.44	0.00	85,712.44

SKYLINE BEL AIR HOA
P. O. BOX 5803
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D: 12/31/97
TRIAL BALANCE
PROPERTY NUMBER: 20

For the month of December

Accounting year to - December

ACCOUNT NUMBER	ACCOUNT NAME	M-T-D DEBITS	M-T-D CREDITS	Y-T-D DEBITS	Y-T-D CREDITS
1010	CHECKING ACCOUNT		3,540.02CR	471.92	
1030	DEAN WITTER TRUST COMPANY			85,240.52	
2010	POOL KEY DEPOSITS				363.50CR
3087	RETAINED EARNINGS				66,732.02CR
4010	ASSOCIATION DUES				67,951.50CR
4025	LATE FEES				475.00CR
4035	INTEREST				2,865.83CR
4045	FACILITIES RENT				36.50CR
4050	MISCELLANEOUS INCOME				535.50CR
4060	POOL INCOME				1,535.00CR
6050	ACCOUNTING SERVICES			800.00	
6060	LEGAL SERVICES	288.75		702.25	
6110	MANAGEMENT FEE	500.00		6,000.00	
6115	REPRODUCTION COSTS			957.39	
6120	OFFICE EXPENSES	67.42		576.79	
6130	POSTAGE EXPENSE			904.11	
6140	INSURANCE	590.00		3,928.70	
6150	STATE UNEMPLOYMENT TAX			23.08	
6151	SOCIAL SECURITY TAX			248.71	
6152	FEDERAL W.H. TAXES			212.81	
6153	STATE W.H. TAXES			50.00	
6160	WORKMAN'S COMPENSATION				43.00CR
6175	PROMOTION-IN HOUSE			1,030.77	
6180	DUES, LICENSE, PERMITS			247.00	
6195	MISC ADMIN EXPENSE			144.85	
6210	ENTRANCE LANDSCAPING			30.00	
6230	MEDIAN MAINTENANCE	1,200.00		2,324.00	
6310	TENNIS COURTS				16.63CR
6320	PAVILLION			63.32	
6340	REC. SUPPLIES			39.00	
6345	POOL TELEPHONE	47.38		1,062.22	
6355	LIFEGUARD PAYROLL			5,282.60	
6360	POOL LANDSCAPE/GROUNDS	38.93		4,352.82	
6370	PLUMBING REPAIR			133.15	
6375	POOL IMPROVEMENTS			4,757.90	
6380	POOL SERVICE/REPAIR	224.00		7,128.37	
6385	POOL SUPPLIES			2,055.74	
6393	RURAL METRO FIRE SUB			369.76	
6395	MISC. MAINTENANCE	61.95		1,962.24	
6520	REFUSE COLLECTION	115.00		1,392.73	
6540	LANDSCAPE CONTRACT			425.00	
6565	GROUNDS SUPPLIES			41.41	
6570	GROUNDS/UPGRADE			907.37	
6575	GROUNDS EQUIPMENT			8.13	
6580	POOL SUPPLIES			490.31	

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12/31/97
TRIAL BALANCE
PROPERTY NUMBER: 20

For the month of December

Accounting year to - December

ACCOUNT NUMBER	ACCOUNT NAME	M-T-D DEBITS	M-T-D CREDITS	Y-T-D DEBITS	Y-T-D CREDITS
6620	CLEANING SUPPLY			32.50	
6630	ELECTRIC SUPPLY			340.31	
6710	ELECTRIC UTILITY	341.98		4,268.78	
6730	WATER AND SEWER	64.61		1,500.04	
7160	CHECKING TO/FROM MMKT			47.88	
	TOTALS	3,540.02	3,540.02CR	140,554.48	140,554.48CR

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9) 05182270-8

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 & 10-2505.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?

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.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
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.

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. 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 Carl Schwersinske **Date** _____ **Name** Joyce Donovan **Date** 3/1/99

Signature Carl Schwersinske **Signature** Joyce L. Donovan

Title President **Title** Treasurer

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