



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



DUE ON OR BEFORE 04/10/1999

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

MISSING 1998 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-3285!

Corporation File Number:

-0518270-0

Business Phone:

(Business phone is optional)

0518270-0

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 \$

Reinstate \$

Expedite \$

Total \$ 10

FY98-99

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.

(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

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

APR 06 1999

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|------------------------|-------------------------------------|
| 1. Accounting | 20. Manufacturing |
| 2. Advertising | 21. Mining |
| 3. Aerospace | 22. News Media |
| 4. Agriculture | 23. Pharmaceutical |
| 5. Architecture | 24. Publishing/Printing |
| 6. Banking/Finance | 25. Ranching/Livestock |
| 7. Barbers/Cosmetology | 26. Real Estate |
| 8. Construction | 27. Restaurant/Bar |
| 9. Contractor | 28. Retail Sales |
| 10. Credit/Collection | 29. Science/Research |
| 11. Education | 30. Sports/Sporting Events |
| 12. Engineering | 31. Technology(Computers) |
| 13. Entertainment | 32. Technology(General) |
| 14. General Consulting | 33. Television/Radio |
| 15. Health Care | 34. Tourism/Convention Services |
| 16. Hotel/Motel | 35. Transportation |
| 17. Import/Export | 36. Utilities |
| 18. Insurance | 37. Veterinary Medicine/Animal Care |
| 19. Legal Services | 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 |

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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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.)

Name: CARL SCHWERSINSKE

Name: _____

Title: PRESIDENT/CEO

Title: _____

Address: 5872 N CAMINO ARIZPE

Address: _____ ARCO

TUCSON, AZ -

Date taking office: 2/13/96

Date taking office: _____

Name: KEVIN LIEBENTRITT

Name: JOYCE DONOVAN

Title: SECRETARY

Title: TREASURER

Address: 6032 N. Cmo Arizipe

Address: 6240 CAMINO DE SANTA VALERA

TUCSON, AZ 85718-

TUCSON, AZ 85718-

Date taking office: 2/96

Date taking office: 2/96

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

Name: RODY JIMENEZ

Name: FRAN HOLLINGSWORTH

Address: 6131 N Cmo Almonte

Address: 6161 N. Cmo Almonte

TUCSON, AZ 85718-

TUCSON, AZ - 85718

Date taking office: 2/97

Date taking office: 02-13-96

Name: _____

Name: _____

Address: _____

Address: _____

TUCSON, AZ 85718-

TUCSON, AZ 85718-

Date taking office: _____

Date taking office: _____

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

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: 12/28/98

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	0.00		471.92	
ARIZONA CHECKING ACCT	3,355.55		0.00	
DEAN WITTER TRUST COMPANY	<u>105,098.84</u>	<u>108,454.39</u>	<u>85,240.52</u>	<u>85,712.44</u>
NET OPERATING INCOME/(DEFICIT)				
INCOME	2,200.00		73,500.00	
Less EXPENSES	<u>3,382.15</u>	<u>(1,182.15)</u>	<u>52,788.20</u>	<u>20,711.80</u>
		<u>107,272.24</u>		<u>106,424.24</u>
NET INCREASE/(DECREASE) IN ASSETS				
PETTY CASH	<u>0.00</u>	<u>0.00</u>	<u>100.00</u>	<u>100.00</u>
		<u>107,272.24</u>		<u>106,324.24</u>
NET INCREASE/(DECREASE) IN LIABILITIES				
POOL KEY DEPOSITS	0.00		910.00	
INIS KEY DEPOSIT	<u>0.00</u>	<u>0.00</u>	<u>38.00</u>	<u>948.00</u>
		<u>107,272.24</u>		<u>107,272.24</u>
NET CHANGES IN EQUITY				
		<u>0.00</u>		<u>0.00</u>
		<u>107,272.24</u>		<u>107,272.24</u>
CLOSING BANK BALANCES				
CHECKING ACCOUNT	0.00		0.00	
ARIZONA CHECKING ACCT	2,173.40		2,173.40	
DEAN WITTER TRUST COMPANY	<u>105,098.84</u>	<u>107,272.24</u>	<u>105,098.84</u>	<u>107,272.24</u>

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

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: 12/28/98
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
1020	ARIZONA CHECKING ACCT		1,182.15CR	2,173.40	
1030	DEAN WITTER TRUST COMPANY			105,098.84	
1040	PETTY CASH			100.00	
2010	POOL KEY DEPOSITS				1,273.50CR
2015	TENNIS KEY DEPOSIT				38.00CR
3087	RETAINED EARNINGS				85,396.82CR
4010	ASSOCIATION DUES		2,100.00CR		69,795.00CR
4025	LATE FEES				1,490.00CR
4050	MISCELLANEOUS INCOME		100.00CR		445.00CR
4060	POOL INCOME				1,770.00CR
6050	ACCOUNTING SERVICES			337.00	
6060	LEGAL SERVICES	329.75		3,612.85	
6110	MANAGEMENT FEE	500.00		6,000.00	
6115	REPRODUCTION/ PRINTING	384.58		1,961.44	
6120	OFFICE EXPENSES	348.84		2,414.82	
6130	POSTAGE EXPENSE			764.88	
6140	INSURANCE			3,235.00	
6150	STATE UNEMPLOYMENT TAX			12.75	
6151	SOCIAL SECURITY TAX		4.13CR	435.80	
6152	FEDERAL W.H. TAXES			29.00	
6153	STATE W.H. TAXES			5.00	
6154	FEDERAL UNEMPLOYMENT TAX			40.66	
6160	WORKMAN'S COMPENSATION				31.00CR
6165	CORPORATION TAX			14.00	
6175	PROMOTION-IN HOUSE			1,776.64	
6180	DUES, LICENSE, PERMITS			37.00	
6190	REAL ESTATE TAXES			63.40	
6195	MISC ADMIN EXPENSE				245.00CR
6210	LANDSCAPE:POOL/ENTRY/MED.	90.00		4,663.30	
6240	ENTRYWAY IMPROVEMENTS	750.00		1,928.80	
6345	POOL TELEPHONE	47.91		583.38	
6350	POOL SERVICE CONTRACT	224.00		3,304.00	
6355	LIFEGUARD SERVICES			5,284.50	
6370	PLUMBING REPAIR			117.23	
6380	POOL/REC-REPAIRS/SUPPLIES			2,395.44	
6390	POOL CHEMICALS	195.49		1,547.65	
6391	P/REC-REFUSE COLLECTION	115.00		1,265.00	
6392	POOL/REC WATER&SEWER			1,272.74	
6394	POOL\REC ELECTRIC UTIL	334.64		4,217.90	
6395	JANITORIAL EXPENSES	54.00		946.15	
6515	RURAL METRO FIRE SUBS			388.60	
6710	ELECTRIC UTILITY	12.07		185.64	
7010	RESERVE FOR REPLACEMENTS			3,416.86	
7028	CAP IMPROVMNTS-POOL/REC			4,806.77	
7160	CHECKING TO/FROM MMKT				3,952.12CR
TOTALS		3,386.28	3,386.28CR	164,436.44	164,436.44CR

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 & 10-2505.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. | 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. 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 Carol Schwerginske Date 4/1/99 Name Joyce Donovan Date 4/1/99
Signature [Signature] Signature [Signature]
Title President Title Treasurer

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