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

Arizona Corporation Commission

00457492

DUE ON OR BEFORE 04/10/2002 **FY01-02** **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. -0518270-0
SKYLINE BEL AIR ESTATES COMMUNITY ASSOCIATION
% RUTH C BROWN
PO BOX 86415
TUCSON, AZ 85754

RECEIVED
MAR 0 8 2002
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 520-544-4886 (Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: RUTH C BROWN
Street Address: 2765A W ANKLAM RD
City, State, Zip: TUCSON, AZ 85745

IPR 12/10

ACC USE ONLY
Fee $ 10
Penalty $
Reinstate $
Expedite $
Resubmit $

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.

_____
Signature of *new* Statutory Agent

363286

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_____

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. **Please Type or Print Clearly.**

NONE ☑ **Name:** _____ **Name:** _____

Name: _____ **Name:** _____

7. OFFICERS **Please Type or Print Clearly.**

Name: Art Cross
Title: President
Address: 5112 Cino Alisa
Tucson 85718
Date taking office: 2/02

Name: Mercedes Gonzalez
Title: Vice-President
Address: 6280 Cino Pimeria Alta
Tucson 85718
Date taking office: 2/02

Name: Kevin O'Shea
Title: Secretary
Address: 5221 Cino Apolena
Tucson 85718
Date taking office: 2/02

Name: Jo Mandle
Title: Treasurer
Address: 4809 E Cino La Brinca
Tucson 85718
Date taking office: 2/02

8. DIRECTORS **Please Type or Print Clearly.**

Name: Don Haney
Address: 4740 E Cino La Brinca
Tucson 85718
Date taking office: 2/02

Name: Les Silberman
Address: 5142 Cino Alisa
Tucson 85718
Date taking office: 2/02

Name: Jesse Smith
Address: 5021 Cino Alisa
Tucson 85718
Date taking office: 2/02

Name: Kimberly Drew
Address: 6111 Cino Esquina
Tucson 85718
Date taking office: 2/02

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Skyline Bel Air HOA
Statement of Change In Financial Position
For the Year Ending December 31, 2001

OPENING BANK BALANCES:				
Checking-Compass Bank	$	2,225.74		
Dean Witter	$	78,832.32		
Petty Cash	$	100.00		
Total Checking/Savings	$	81,158.06	$	**81,158.06**
Net Operating Income:				
Income	$	104,346.75		
Less Expenses	$	110,243.56		
Net Income/Loss	$	(5,896.81)	$	**(5,896.81)**
CLOSING BANK BALANCES:				
Checking-Compass Bank	$	1,168.19		
Dean Witter	$	74,160.56		
1060 Petty Cash	$	100.00		
Total Checking/Savings	$	75,428.75	$	**75,261.25**

Skyline Bel Air Estates Community Association
Budget vs. Actual
January through December 2001

	Jan - Dec '01	Budget	$ Over Budget
Income			
2010 · Pool Key Deposit	200.00		
4010 · HOA Dues	93,660.00	68,100.00	25,560.00
4025 · Late Fee	1,245.00	400.00	845.00
4035 · Interest Income	3,828.24	6,000.00	-2,171.76
4040 · Key Income	355.00		
4050 · Misc. Income	2,149.51		
4060 · Pool Income	1,645.00	800.00	845.00
4070 · Advertising Inc.	214.00	450.00	-236.00
4090 · Purchase Disclosure Fee	1,050.00		
Total Income	104,346.75	75,750.00	28,596.75
Expense			
Administrative Exp.			
6060 · Legal/Account. Fees	3,595.55	3,050.00	545.55
6070 · Purch.Disclosure Exp	1,050.00		
6080 · Pool Phone	640.91	624.00	16.91
6110 · Management Fee	9,150.00	9,000.00	150.00
6112 · Rec.Ctr Mgmnt Fee	1,875.00	1,875.00	0.00
6120 · Office Exp.	1,887.61	1,400.00	487.61
6125 · NewL-Printing/Costs	1,223.68	2,000.00	-776.32
6135 · Board Dinner	682.51	700.00	-17.49
6165 · Corp/Inc./RE Taxes	67.66	1,510.00	-1,442.34
6175 · Promotions in House	1,485.94	2,000.00	-514.06
6180 · Dues,License,Permits	891.00	101.00	790.00
6290 · Insurance	6,448.00	3,400.00	3,048.00
Total Administrative Exp.	28,997.86	25,660.00	3,337.86
Maintenance			
6610 · Landscp/Medians	2,802.25	2,800.00	2.25
6620 · Irrig. Maint	0.00	100.00	-100.00
6630 · General Maintenance	920.56	600.00	320.56
Total Maintenance	3,722.81	3,500.00	222.81
Payroll			
6140 · Payroll-LifeGuard	7,008.00	7,350.00	-342.00
6141 · Social Security	411.69	1,305.00	-893.31
6151 · Medicare	97.40	150.00	-52.60
6152 · Federal Income Tax	0.00		
6153 · State Income Tax	0.00		
6154 · Federal Umemployment	0.00	100.00	-100.00
6155 · State Unemployment	3.42	77.00	-73.58
6160 · Workers Compens. Insurance	391.23	500.00	-108.77
Total Payroll	7,911.74	9,482.00	-1,570.26

Skyline Bel Air Estates Community Association
Budget vs. Actual
January through December 2001

	Jan - Dec '01	Budget	$ Over Budget
Pool/Rec.			
6410 · Electric Supply	128.17	175.00	-46.83
6415 · Electric/Plumb Repairs	670.29	360.00	310.29
6420 · Cleaning Supply	120.18	175.00	-54.82
6430 · Misc. Supply	335.86	100.00	235.86
6440 · Pool Chemicals	1,711.94	900.00	811.94
6450 · Pool Repairs	893.02	1,000.00	-106.98
Total Pool/Rec.	3,859.46	2,710.00	1,149.46
Services			
6510 · Refuse Collection	1,669.80	1,800.00	-130.20
6520 · Janitorial/landscape	235.00	1,200.00	-965.00
6530 · Pool Svc. Contract	2,809.50	3,540.00	-730.50
6540 · Rec Ctr-Security	5,459.53	5,000.00	459.53
6550 · Rural Metro Fire	448.00	450.00	-2.00
Total Services	10,621.83	11,990.00	-1,368.17
Utilities			
6710 · Electric	5,140.00	4,440.00	700.00
6730 · Water/Sewer	2,087.45	1,575.00	512.45
Total Utilities	7,227.45	6,015.00	1,212.45
Total Operating Expenses	62,341.15	59,357.00	2,984.15
Net Operating Income (Loss)	42,005.60	16,393.00	25,612.60
Capital Improvements			
7028 · Cap.Imprv-Pool/Rec	20,314.11	0.00	20,314.11
7030 · Cap.Imprv-Pool Electrical	27,588.30	0.00	27,588.30
Total Capital Improvements	47,902.41	0.00	47,902.41
Total All Expenses	110,243.56	59,357.00	50,886.56
NET INCOME (LOSS)	**$ (5,896.81)**	16,393.00	-22,289.81

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9) 0718200

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.
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 & 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 ☒**

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 Ann Cross **Date** 3/5/02 **Name** Kevin J. O'Shea **Date** 3/5/02

Signature Ann Cross **Signature** Kevin J. O'Shea

Title President **Title** Secretary

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