



**STATE OF ARIZONA
CORPORATION COMMISSION**



**NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
FOREIGN / DOMESTIC**

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0716187-9
Corporation Name: SOUTHVIEW TRAILS COMMUNITY ASSOCIATION, INC.
Address: 505 S MADISON

NONPROFIT CORPORATION
RECEIVED

City, State, Zip: TEMPE AZ 85281-
Domicile: ARIZONA
Type: NON-PROFIT

APR 10 1996

DOCUMENTS ARE SUBJECT
TO REVIEW

Arizona Statutory Agent: WAYNE A SMITH
Street Address: 3300 N CENTRAL AVE #1800
(NOT P.O. BOX)

City, State, Zip: PHOENIX AZ 85012-9826

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> Charitable | 8. <input type="checkbox"/> Social | 15. <input type="checkbox"/> Agricultural |
| 2. <input type="checkbox"/> Benevolent | 9. <input type="checkbox"/> Fraternal | 16. <input type="checkbox"/> Horticultural |
| 3. <input type="checkbox"/> Educational | 10. <input type="checkbox"/> Literary | 17. <input type="checkbox"/> Animal Husbandry |
| 4. <input type="checkbox"/> Civic | 11. <input type="checkbox"/> Cultural | 18. <input type="checkbox"/> Homeowners' Association |
| 5. <input type="checkbox"/> Patriotic | 12. <input type="checkbox"/> Athletic | 19. <input type="checkbox"/> Professional, commercial,
industrial, or trade association |
| 6. <input type="checkbox"/> Political | 13. <input type="checkbox"/> Science/Research | 20. <input type="checkbox"/> Other _____ |
| 7. <input type="checkbox"/> Religious | 14. <input type="checkbox"/> Hospital/Health Care | |

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less 26 - 100 101 - 500 Over 500

3. *If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below and PRESIDENT or VICE PRESIDENT must sign page 4 of this report.*

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

5. OFFICERS

PRESIDENT: Jim Chamberlain

Address: 505 S. Madison
Tempe AZ 85281

Date taking office: 5-24-94

SECRETARY: Patsy Chamberlain

Address: 505 S. Madison
Tempe AZ 85281

Date taking office: 5-24-94

VICE PRESIDENT: _____

Address: _____

Date taking office: _____

TREASURER: _____

Address: _____

Date taking office: _____

6. DIRECTORS Must List a Minimum of 3 Directors.

NAME: Jim Chamberlain

Address: 505 S. Madison
Tempe, AZ 85281

Date taking office: 5-24-94

NAME: Patsy Chamberlain

Address: 505 S. Madison
Tempe AZ 85281

Date taking office: 5-24-94

NAME: Ty Myers

Address: 1727 Willow Creek
Prescott, AZ 86301

Date taking office: 5-24-94

NAME: _____

Address: _____

Date taking office: _____

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1081.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
- a copy of the financial statement you prepare for the benefit of your members; OR
- You may simply use the Balance Sheet below.

BALANCE SHEET

ASSETS

Current Assets:

Cash	\$	<u>0</u>	
Trade notes and accounts receivable (less allowance for bad debts)		<u> </u>	
Inventories		<u> </u>	
Other current assets		<u> </u>	
Total Current Assets	\$	<u>0</u>	
Land, buildings and other fixed assets (net of accumulated depreciation)		<u> </u>	
Other assets		<u> </u>	
Total Assets	\$	<u>0</u>	

LIABILITIES

Current Liabilities:

Accounts Payable	\$	<u>0</u>	
Mortgages, notes, bonds (payable in less than 1 year)		<u> </u>	
Other current liabilities		<u> </u>	
Total Current Liabilities		<u>0</u>	
Mortgages, notes, bonds (payable in more than 1 year)		<u> </u>	
Fund Balances:			
Restricted		<u> </u>	
Unrestricted		<u> </u>	
Total Fund Balances		<u> </u>	
Total Liabilities and Fund Balances	\$	<u>0</u>	

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

- 1. Been 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. Been 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. Been 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:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

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). | |

8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes ___ Chapter _____ Date Filed _____ Case Number _____ No ___

9. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

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.

By Date 4-1-96 By _____ Date _____

Title President Title _____