



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

Arizona Corporation Commission



00481042

DUE ON OR BEFORE 04/18/2002

FY01-02

HOAMCO
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. -0716187-9
SOUTHVIEW TRAILS COMMUNITY ASSOCIATION, INC.
% JUSTIN SCOTT
P O BOX 10000
PRESCOTT, AZ 86304

RECEIVED

APR 22 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 928-776-4479 (Business phone is optional.)
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: **JUSTIN SCOTT**
Street Address: ~~131 W NAVAJO~~ #D 531 MADISON
PRESCOTT, AZ 86301
City, State, Zip:

IPR Use this box only if appointing a new Statutory Agent

ACC USE ONLY	If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.
Fee \$ <u>10-</u>	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.
Penalty \$ _____	
Reinstate \$ _____	
Expedite \$ _____	
Resubmit \$ _____	
_____ 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.

- | <u>BUSINESS CORPORATIONS</u> | <u>NON-PROFIT CORPORATIONS</u> |
|--|---|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input checked="" type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 18. Insurance | |
| <input type="checkbox"/> 19. Legal Services | |
| <input type="checkbox"/> 20. Manufacturing | |
| <input type="checkbox"/> 21. Mining | |
| <input type="checkbox"/> 22. News Media | |
| <input type="checkbox"/> 23. Pharmaceutical | |
| <input type="checkbox"/> 24. Publishing/Printing | |
| <input type="checkbox"/> 25. Ranching/Livestock | |
| <input type="checkbox"/> 26. Real Estate | |
| <input type="checkbox"/> 27. Restaurant/Bar | |
| <input type="checkbox"/> 28. Retail Sales | |
| <input type="checkbox"/> 29. Science/Research | |
| <input type="checkbox"/> 30. Sports/Sporting Events | |
| <input type="checkbox"/> 31. Technology(Computers) | |
| <input type="checkbox"/> 32. Technology(General) | |
| <input type="checkbox"/> 33. Television/Radio | |
| <input type="checkbox"/> 34. Tourism/Convention Services | |
| <input type="checkbox"/> 35. Transportation | |
| <input type="checkbox"/> 36. Utilities | |
| <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 38. Other _____ | |

38232

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) _____

N/A

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: See attached

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: 1-1-01

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

Name: See attached

Name: _____

Address: _____

Address: _____

Date taking office: 1-1-01

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Board of Directors List
 Southview Trails Community Assn.
 Page 1

- 07/18/99

Name / Address	Office / Phone #s	Term
Jerry Alvarez 1556 Southview Prescott, AZ. 86305	Ad Hoc, Vice Chair Work Home 776-1093 Fax	10/05/99- / /
John Cuccinello 1515 Southview Prescott, AZ. 86305	Ad Hoc, Chairperson Work Home 777-8115 Fax	10/05/99- / /
Jerry Gaughran 1533 Southview Prescott, AZ. 86305	Ad Hoc, Secretary Work Home 541-7975 Fax	10/05/99- / /
Bob Licht 3054 Southpark Prescott, AZ 86305	Ad Hoc Work Home 928-717-0089 Fax	01/27/01- / /
Ty Myers Jim Chamberlain P.O. Box 12127 505 S. Madison Prescott, AZ 86304 2127 Tempe, AZ	President Work 776-1076 Home Fax 776-9057	/ / - / /
James Sigmon 1596 Southview Prescott, AZ. 86305	Ad Hoc Work Home 778-5798 Fax	10/05/99- / /

*** End of Report ***

85281

Balance Sheet
 Southview Trails Community Assn.
 For Month Ending December 31, 2001

Run:Date 03/27/02
 Time 1:54 pm
 Page 1

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Assets

Current Assets

Cash

B of A Operating	12,763.46	
B of A Money Market	1,301.47	
Construction Bonds	10,167.62	
B of A Design Review	1,520.00	25,752.55
Accounts Receivable		
A/R Homeowners Asmts	410.00	
A/R Late Fees	50.00	460.00

Total Current Assets

26,212.55

Total Assets

 26,212.55
 =====

Liabilities and Member's Equity

Current Liabilities

ARC Review Payable	-100.00
Prepaid Assessments	11,220.00
Construction Bonds	10,000.00

Total Current Liabilities

21,120.00

Member's Equity

Operating Fund	7,473.09
Reserve Fund	-2,380.54

Total Member's Equity

5,092.55

Total Liabilities and Member's Equity

 26,212.55
 =====

*** End of Report ***

RUN DATE: 4/18/02
RUN TIME: 9:27 AM

Aspen Ridge Homeowners Association
BOARD/COMMITTEE MEMBERS REPORT AS OF 04/18/02

PAGE 1

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION

CLASS: PRESIDENT				
Bert Campbell 3017 Nottingham Unit 32 Houston , TX 77005		713-758-2807 713-615-5056	713-667-6003	
CLASS: VICE PRESIDENT				
Jack Ellis 803 Shoreline Rd Unit 2 Lake Barrington , IL 60010		847-937-2510 847-382-8041	847-382-3466	
CLASS: SECRETARY				
Dave Cooper 409 S. Moreland Place Decatur , IL 62521		800-342-7879 217-428-8855	217-428-5282	
CLASS: TREASURER				
Bohdan Iwanetz 18518 Carriage Lane Lansing , IL 60438		708-841-1121 708-895-5105	708-895-5105	
CLASS: MEMBER				
Paul Bostrom Unit 4 Road L Cortez , CO 81321		970-5642333	970-565-9127	

-0716187-9

-- End of report --

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

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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**

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 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 Jim Chamberlain Date 4/16/02 Name _____ Date _____

[Signature] Signature _____

Title President Title _____

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