



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: -0722030-0
Corporation Name: BELLVUE HOMEOWNERS ASSOCIATION
Address: PO BOX 25466

City, State, Zip: TEMPE AZ 85285-
Domicile: ARIZONA
Type: NON-PROFIT

Arizona Statutory Agent: J GREGORY LAKE
Street Address: 3300 N CENTRAL AVE #2150
(NOT P.O. BOX)

City, State, Zip: PHOENIX

A.R.S. CORPORATIONS DIV.
RECEIVED

MAR 07 1996

DOCUMENTS ARE SUBJECT
TO REVIEW AND FILING

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

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

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

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

25 or Less XX 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 _____

BELLEVUE HOMEOWNERS ASSOCIATION

OFFICERS:

ELECTED

NORMAN NICHOLLS (P)

7/94

IRA FULTON (VP)

7/94

LORIE NICHOLLS (S/T)

7/94

All addresses are P.O. Box 25466, Tempe, AZ 85285

DIRECTORS:

NORMAN NICHOLLS

7/94

IRA FULTON

7/94

LORIE NICHOLLS

7/94

All addresses are P.O. Box 25466, Tempe, AZ 85285

BELLVUE NOA/ARBOR & TRAILS AT FIELPage 1
BALANCE SHEET
AS OF DEC 31, 1995

ASSETS

CURRENT ASSETS

CASH IN BANK	10,249.75
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TOTAL CURRENT ASSETS	10,249.75
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TOTAL ASSETS	10,249.75
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LIABILITIES & CAPITAL

CAPITAL

SUBSIDY/YTD THRU PRIOR MONTH	1,500.00
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PROFIT/(LOSS) FOR PERIOD	8,749.75
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TOTAL CAPITAL	10,249.75
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TOTAL LIABILITIES & CAPITAL	10,249.75
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8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)Belvue Homeowners Assoc.
-0722030-0

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 *Sam L. Phob* Date 3/4/96 By *Gail Richards* Date 3/4/96
 Title President Title Treasurer