



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



DUE ON OR BEFORE 04/12/1998

FILING FEE \$10.00 *MD*

The following information is required by A.R.S. §10-1622 & §10-2501 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. & §10-2545.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

- BELLVUE HOMEOWNERS ASSOCIATION
PO BOX 25466
TEMPE, AZ 85285

RECEIVED RECEIVED

AUG 05 1998 MAR 23 1998

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

-0722030-0

Business Phone: 808-0120
State of Domicile: ARIZONA

Corporation File Number:

(Business phone is optional)
Type of Corporation: NON-PROFIT

- Arizona Statutory Agent: ROY BROWN
Street Address: 712 E AIRE LIBRE 5110 N. 44th St, L200
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85022-85018

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.

RECEIVED

RECEIVED

FEB 11 1999

DEC 09 1998

Signature

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

- 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

- ☐ Charitable
- ☐ Benevolent
- ☐ Educational
- ☐ Civic
- ☐ Political
- ☐ Religious
- ☐ Social
- ☐ Literary
- ☐ Cultural
- ☐ Athletic
- ☐ Science/Research
- ☐ Hospital/Health Care
- ☐ Agricultural
- ☐ Animal Husbandry
- ☒ Homeowner's Association
- ☐ Professional, commercial
industrial or trade association
- ☐ 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.

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here _____ and go on to Section 8.)

Name: MIKE DUTY Name: ~~LINDA MCVEY~~ Joe Maher

Title: PRESIDENT/CEO Title: VICE-PRESIDENT

Address: ~~P O BOX 25466~~ 5110 N. 44th St, L200 Address: ~~P O BOX 25466~~ 5110 N. 44th St, L200
~~TEMPE, AZ 85285~~ Phoenix AZ 85018 ~~TEMPE, AZ 85285~~

Date taking office: 09-01-96 Date taking office: ~~09-01-96~~ 10-22-97

Name: ~~TOM CARR~~ Kristi R. Neil Name: ~~SHIRLEY RANSON~~ Tom CARIZ

Title: SECRETARY Title: TREASURER

Address: ~~P O BOX 25466~~ 5110 N. 44th St, L200 Address: ~~P O BOX 25466~~ 5110 N. 44th St, L200
~~TEMPE, AZ 85285~~ Phoenix AZ 85018 ~~TEMPE, AZ 85285~~ Phoenix AZ 85018

Date taking office: ~~09-01-96~~ 03-98 Date taking office: ~~09-01-96~~ 10-22-97

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

Name: MIKE DUTY Name: ~~LINDA MCVEY~~ Joe Maher

Address: ~~P O BOX 25466~~ 5110 N. 44th St, L200 Address: ~~P O BOX 25466~~ 5110 N. 44th St, L200
~~TEMPE, AZ 85285~~ Phoenix AZ 85018 ~~TEMPE, AZ 85285~~ Phoenix AZ 85018

Date taking office: 09-01-96 Date taking office: ~~09-01-96~~ 10-22-97

Name: ~~TOM CARR~~ Kristi R. Neil Name: ~~SHIRLEY RANSON~~

Address: ~~P O BOX 25466~~ 5110 N. 44th St, L200 Address: ~~P O BOX 25466~~
~~TEMPE, AZ 85285~~ Phoenix AZ 85018 ~~TEMPE, AZ 85285~~

Date taking office: ~~09-01-96~~ 03-98 Date taking office: ~~09-01-96~~

JAMES W. ERICKSEN, M.B.A.

CERTIFIED PUBLIC ACCOUNTANT

1834 EAST BASELINE, SUITE 101

TEMPE, ARIZONA 85283

March 10, 1998

(602) 820-0097

FAX (602) 820-0175

Arizona Corporation Commission

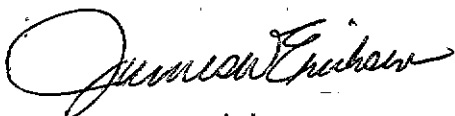
Re: Annual report of BELLVUE HOMEOWNERS ASSOCIATION

As of December 31, 1997

We have compiled the statement of financial condition - balance sheet of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance.

These financial statements are presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.



James W. Ericksen

Certified Public Accountant

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	34,229.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 34,229.00
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other long-term assets		
Total Assets		\$ 34,229.00

LIABILITIES**Current Liabilities:**

Accounts Payable	\$	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		0.00
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted		
Unrestricted	34,229.00	
Total Fund Balances		34,229.00
Total Liabilities and Fund Balances		\$ 34,229.00

SEE ACCOUNTANT'S COMPILATION REPORT ATTACHED

Bellvue Homeowners Association

Managed by

STARPOINT MANAGEMENT SYSTEMS, INC.

5110 North 44th Street * Suite L200 * Phoenix, Arizona 85018 * Phone (602) 808-0120 * Fax (602) 808-0124

*** * * MEMO * * ***

Date : February 8, 1999

To : Arizona Corporation Commission

From : Kati Babinec

RE : Bellvue HOA, File No.: 0722030-0

The Secretary for Bellvue HOA is Kristi R. Neil appointed to office in March 1998. Signature page enclosed.

Bellvue Homeowners Association

Managed by

STARPOINT MANAGEMENT SYSTEMS, INC.

5110 North 44th Street * Suite L200 * Phoenix, Arizona 85018 * Phone (602) 808-0120 * Fax (602) 808-0124

December 1, 1998

State of Arizona Corporation Commission
c/o Annual Reports -Corporations Division
1300 West Washington
Phoenix, Arizona 85007-2929

RE: Bellvue Homeowners Association
Corporation File No.: -0722030-0

12.

Name: Kristi R. Neil

Signature: Kristi R. Neil

Title: Secretary

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only corporations that meet one or more of the following criteria must **attach** a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

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. CAUTION: Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. 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 x Michael Doty Date 3-10-98 Name x Michelle May Date 3/18/98

Signature x Michael Doty Signature x Michelle May

Title x PRES. Title x Board Member

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

X _____ Date _____
 Secretary