



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

Arizona Corporation Commission



00006790

DUE ON OR BEFORE 04/12/1999

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. BELLVUE HOMEOWNERS ASSOCIATION

~~PO BOX 25465~~

~~EMR 888 888 888~~

% STARPOINT MANAGEMENT SYSTEMS, INC.
5510 N. 44TH STREET, SUITE L200
PHOENIX, AZ 85018

Corporation File Number:

Business Phone: (602) 808-0120 ~~Business phone is optional~~

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

-0722030-0
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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: ROY BROWN

Street Address: 5110 N 44TH ST STE L-200

(NOT P.O. BOX)

City, State, Zip: PHOENIX

AZ 85018-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

PAID

Reinstatement \$

Expedite \$

Total \$ 10

FY98-99

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

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 | ☐ 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

- | |
|--|
| ☐ 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.

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

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

Name: MIKE DUTY

Title: PRESIDENT/CEO

Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~

Date taking office: 09-01-96

Name: ~~TOM CARR~~Title: ~~SECRETARY~~Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~

Date taking office: 09-01-96

Name: ~~LINDA MCVEY~~Title: ~~VICE-PRESIDENT~~Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~

Date taking office: 09-01-96

Name: ~~SHIRLEY RANSOM~~Title: ~~TREASURER~~Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~

Date taking office: 09-01-96

8. DIRECTORS (If no changes since last report, check here _____ and go on to Section 9.) PLEASE SEE ATTACHEDName: ~~TOM CARR~~Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~Date taking office: ~~09-01-96~~

Name: MIKE DUTY

Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~

Date taking office: 09-01-96

Name: ~~SHIRLEY RANSOM~~Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~Date taking office: ~~09-01-96~~Name: ~~LINDA MCVEY~~Address: ~~P O BOX 25466~~~~TEMPE, AZ 85285-~~Date taking office: ~~09-01-96~~

5. OFFICERS (If no changes since last report, check here ___ and go on to Section 6.)**PRESIDENT:** MIKE DUTYAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 09 / 01 / 96**VICE PRESIDENT:** JOE MAHERAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 10 / 22 / 97**SECRETARY:** KRISTI NEIL IIAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 10 / 01 / 98**TREASURER:** TOM CARRAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 10 / 01 / 98**6. DIRECTORS** (If no changes since last report, check here ___ and go on to Section 7.)**NAME:** MIKE DUTYAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 09 / 01 / 96**NAME:** JOE MAHERAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 10 / 22 / 97**NAME:** TOM CARRAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 10 / 01 / 98**NAME:** MICHELLE MAYAddress: 5110 N 44TH ST, L200PHOENIX, AZ 85018Date taking office: 10 / 22 / 97

~~ Attach Additional Sheets if Necessary ~~

JAMES W. ERICKSEN, M.B.A.

**CERTIFIED PUBLIC ACCOUNTANT
1834 EAST BASELINE, SUITE 101
TEMPE, ARIZONA 85283**

**(602) 820-0097
FAX (602) 820-0175**

March 10, 1999

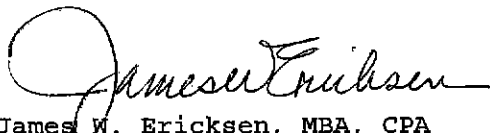
Arizona Corporation Commission

Re: Annual report of BELLVUE HOMEOWNERS ASSOCIATION
As of December 31, 1998

We have compiled the statement of financial condition - balance sheet (Section H) 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, MBA, CPA
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	27,451.00	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 27,451.00
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other long-term assets		
Total Assets		\$ 27,451.00

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	27,451.00	
Total Fund Balances		27,451.00
Total Liabilities and Fund Balances		\$ 27,451.00

SEE ACCOUNTANT'S COMPILATION REPORT ATTACHED

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

Only 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 & 10-2505.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. 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 Michael Doty Date 3-17-99 Name Kristi Neil II Date _____

Signature Michael Doty Signature Kristi Neil II

Title PRESIDENT Title SECRETARY

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