



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: -0733502-9
Corporation Name: MCDOWELL MOUNTAIN RANCH COMMUNITY ASSOCIATION
Address: PO BOX 25466

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

AZ 85285-

Arizona Statutory Agent: FRANCIS J SLAVIN PC
Street Address: 2198 E CAMELBACK RD #285
(NOT P.O. BOX)

City, State, Zip: PHOENIX

AZ 85016-

RECEIVED

JUN 11 1996

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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

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- | | | |
|---|---|---|
| 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	\$ 10

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

5. OFFICERS

PRESIDENT: _____

Address: _____

Date taking office: _____

SECRETARY: _____

Address: _____

Date taking office: _____

VICE PRESIDENT: _____

Address: _____

Date taking office: _____

TREASURER: _____

Address: _____

Date taking office: _____

6. DIRECTORS Must List a Minimum of 3 Directors.

NAME: _____

Address: _____

Date taking office: _____

NAME: _____

Address: _____

Date taking office: _____

NAME: _____

Address: _____

Date taking office: _____

NAME: _____

Address: _____

Date taking office: _____

MCDOWELL MOUNTAIN RANCH HOMEOWNERS ASSOCIATION

OFFICERS:

ELECTED

CURTIS SMITH (P)

10/94

MARK HAMMONS (VP)

10/94

KIRBY BRANDON (S)

10/94

✓ ALLEN HEYTENS (T)

10/94

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

DIRECTORS:

CURTIS SMITH

10/94

MARK HAMMONS

10/94

KIRBY BRANDON

10/94

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

MCDOWELL MOUNTAIN RANCH
BALANCE SHEET
AS OF DEC 31, 1995

Page 1

ASSETS

CURRENT ASSETS

CASH ON HAND	500.00
CASH IN BANK	408.23
RESERVE FUND	561.54
DEPOSITS REFUNDABLE	4,730.55

TOTAL CURRENT ASSETS	6,200.32
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FIXED ASSETS

TOTAL ASSETS	6,200.32
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LIABILITIES & CAPITAL

CAPITAL

DEV SUBSIDY-YTD THRU PRIOR MO	4,730.55
DEVELOPER SUBSIDY-CURRENT MO	51,917.48
SURPLUS	5,607.93
PROFIT/(LOSS) FOR PERIOD	(56,055.64)

TOTAL CAPITAL	6,200.32
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TOTAL LIABILITIES & CAPITAL	6,200.32
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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)

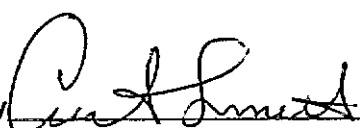
Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

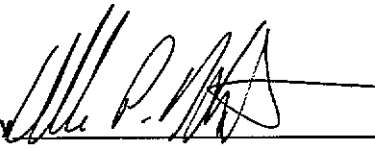
Yes _____ Chapter _____ Date Filed _____ Case Number _____ No ☒ _____

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 _____

By  Date 3-4-96

Title **FILED AS RECEIVED**

Title TREASURER