



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



DUE ON OR BEFORE 04/07/1998

FILING FEE \$10.00

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.**

RECEIVED

1. MCDOWELL MOUNTAIN RANCH COMMUNITY ASSOCIATION
PO BOX 25466
TEMPE, AZ 85285

APR 30 1998

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ Corporation File Number: -0733502-9
(Business phone is optional.)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: FRANCIS J SLAVIN PC
Street Address: 2198 E CAMELBACK RD #285
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85016-

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 _____

PAID

ACC USE ONLY	
Fee	\$ 10
Penalty	\$ 2
Reinstate	\$
Expedite	\$
Total	\$ 12
FY97-98	

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.)

Name: CURTIS SMITH

Title: PRESIDENT/CEO

Address: P O BOX 25466
TEMPE, AZ 85285-

Date taking office: 10-01-94

Name: ALLEN HEYTENS

Title: SECRETARY

Address: P O BOX 25466
TEMPE, AZ 85285-

Date taking office: 09-01-96

Name: MARK HAMMONS

Title: VICE-PRESIDENT

Address: P O BOX 25466
TEMPE, AZ 85285-

Date taking office: 10-01-94

Name: ALLEN HEYTENS

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.)

Name: CURTIS SMITH

Address: P O BOX 25466

TEMPE, AZ 85285-

Date taking office: 10-01-94

Name: ALLEN HEYTENS

Address: P O BOX 25466

TEMPE, AZ 85285-

Date taking office: 09-01-96

Name: MARK HAMMONS

Address: P O BOX 25466

TEMPE, AZ 85285-

Date taking office: 10-01-94

Name: _____

Address: _____

Date taking office: _____

MCDOWELL MOUNTAIN RANCH

OFFICERS:

ELECTED

CURTIS SMITH (P)

10/94

MARK HAMMONS (VP)

10/94

ALLEN HEYTENS (S/T)

09/96

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

DIRECTORS:

CURTIS SMITH

10/94

MARK HAMMONS

10/94

ALLEN HEYTENS

09/96

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

MCDOWELL MOUNTAIN RANCH
BALANCE SHEET
AS OF DEC 31, 1997

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SETS

CURRENT ASSETS

CASH ON HAND	800.00
CASH IN BANK	5,685.70
RESERVE FUND / 38124236	18,124.38
SPECIAL USE FEE / 38456652	22,004.42
PRUDENTIAL SECURITIES 1350147	38,161.06
DEPOSITS REFUNDABLE	(2,069.15)

TOTAL CURRENT ASSETS	82,706.41

FIXED ASSETS

TOTAL ASSETS	82,706.41
	=====

LIABILITIES & CAPITAL

CAPITAL

COMMUNITY CENTER DEPOSITS	425.00
DEVELOPER SUBSIDY/PRIOR YEARS	245,196.53
DEV SUBSIDY-YTD THRU PRIOR MO	123,819.77
DEVELOPER SUBSIDY-CURRENT MO	22,080.38
RETAINED EARNINGS	(206,357.27)
PROFIT/(LOSS) FOR PERIOD	(102,458.00)

TOTAL CAPITAL	82,706.41

TOTAL LIABILITIES & CAPITAL	82,706.41
	=====

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 CURTIS E. SMITH Date 4-15-98 Name ALLEN HEATERS Date 4-15-98

Signature [Signature] Signature [Signature]

Title PRESIDENT Title SECRETARY / TREASURER

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