



**STATE OF ARIZONA
CORPORATION COMMISSION**



**NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
FOREIGN / DOMESTIC**

FOR FISCAL YEAR ENDING 12/31/1996

DUE ON OR BEFORE 04/15/1997

The following information is required by A.R.S. 510-1081 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. 510-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0737961-4
 Corporation Name: CHAMPAGNE HOMEOWNERS ASSOCIATION, INC.
 Address: % BETTY CARPENTER
 6720 CAMINO PRINCIPAL

City, State, Zip: TUCSON AZ 85715-
 Domicile: ARIZONA
 Type: NON-PROFIT

Arizona Statutory Agent: BETTY CARPENTER
 Street Address: 6720 CAMINO PRINCIPAL
 (NOT P.O. BOX)

City, State, Zip: TUCSON AZ 85715-

RECEIVED

MAR 14 1997

ARIZONA CORP. COMMISSION
 CORPORATIONS DIVISION

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

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

ACC USE ONLY	
Fee	\$ 10
Penalty	\$ _____
Total	\$ _____

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

25 or Less 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: _____ VICE PRESIDENT: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

SECRETARY: _____ TREASURER: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

6. DIRECTORS Must List a Minimum of 3 Directors.

NAME: _____ NAME: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

NAME: _____ NAME: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

CHAMPAGNE AT STARPASS
BOARD OF DIRECTORS
(85745)

Units: 53
Association Fee: \$88.00 Champagne
\$22.00 Master Association

Property Manager: Connie Griffith

Meet Monthly - 3rd Tuesday - 6:30p.m.

-
- 1. Steve Grover - President (99) 620-6265
196 N. Champagne Pl.
 - 2. Marcel Davis - Vice President (97) 624-3513
164 N. Champagne Pl.
 - 3. Mrs. Marlene Schrock - Treasurer (98) 798-3233
116 N. Caviar Pl. *625-1112 x102*
 - 4. Ms. Emelia Soqui - Secretary (99) 622-2587
134 N. Caviar Pl.
 - 5. Buel Bowlan - Board Member (99) 740-1729
112 N. Players Club Dr.
-

0737961-4

BALANCE SHEET - 3200 Champagne Drive MA1157
December, 1996

12/24/96

PREPARED FOR :

Champagne at Starpass
3200 Champagne Drive
Tucson, AZ 85745

PREPARED BY :

The Property Mgmt. Group
P. O. Box 13402
Tucson, AZ 85732-3402

ASSETS

Cash	
Cash in Bank-1	4,478.12
Cash in Bank-2	15,054.72
	<hr/>
Total cash	19,532.84
TOTAL ASSETS	19,532.84
	<hr/>

LIABILITIES & CAPITAL

Total Liabilities

CAPITAL

Deposit to Reserves '93	-41,369.65
Retained Earnings	-10,682.20
	<hr/>
Total Equity	30,687.45
TOTAL LIAB. & CAPITAL	30,687.45
	<hr/>
Capital Improvements	11,154.61

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-2501.A.7)

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 X

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 X

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 [Signature] Date 3/12/27 By _____ Date _____

Title President Title _____