



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

Arizona Corporation Commission



00110836

DUE ON OR BEFORE 04/19/2000

FY99-00

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.

-0737961-4

1. CHAMPAGNE HOMEOWNERS ASSOCIATION, INC.
% BETTY CARPENTER
6720 CAMINO PRINCIPAL
TUCSON, AZ 85715

RECEIVED

MAR 03 2000

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

2. Arizona Statutory Agent: BETTY CARPENTER
Street Address: 6720 CAMINO PRINCIPAL
(NOT P.O. BOX)
City, State, Zip: TUCSON AZ 85715-

Use this box only if appointing a new Statutory Agent

ACC. USE ONLY	
Fee	\$ 10 3.200
Penalty	\$ _____
Reinstate	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

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

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 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. (If no changes since last report, check here ___ and go on to Section 6.)

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.) SEE ATTACH

Name: MARCEL DAVIS
Title: PRESIDENT/CEO

Address: 164 N CHAMPAGNE PL
TUCSON, AZ 85745-

Date taking office: _____

Name: EMILIA SOQUI
Title: SECRETARY

Address: 134 N CAVIAR PL
TUCSON, AZ 85745-

Date taking office: _____

Name: RAYMOND FORD
Title: VICE-PRESIDENT

Address: 132 N CHAMPAGNE PL
TUCSON, AZ 85745-

Date taking office: _____

Name: SHARON PETTUS
Title: TREASURER

Address: 3155 W CHAMPAGNE PL
TUCSON, AZ 85745-

Date taking office: _____

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

Name: MARCEL DAVIS
Address: 164 N CHAMPAGNE PL

TUCSON, AZ 85745-

Date taking office: _____

Name: MARLENE SCHROCK
Address: 116 N CAVIAR PL

TUCSON, AZ 85745-

Date taking office: _____

Name: STEVE GROVER
Address: 196 N CHAMPAGNE PL

TUCSON, AZ 85745-

Date taking office: _____

Name: NORM LEWIS
Address: 156 N CHAMPAGNE PL

TUCSON, AZ 85745-

Date taking office: _____

BALANCE SHEET - 3200 Champagne Drive MA1157
December, 1999

12/27/99

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-1 377.07
Cash in Bank-2 16,729.16

Total cash 17,106.23

TOTAL ASSETS 17,106.23
=====

LIABILITIES & CAPITAL

Tax Liabilities

Workers Comp. Insurance 182.00

Total TAX liabilities 182.00

Total Liabilities 182.00

CAPITAL

Deposit to Reserves '93 -41,369.65

Retained Earnings -13,290.81

Total Equity 28,078.84

TOTAL LIAB. & CAPITAL 28,260.84
=====

Capital Improvements 11,154.61

**CHAMPAGNE
BOARD OF DIRECTORS
(85745)**

1. **Marcel Davis – President & Board Member**
164 N. Champagne Place
2. **Carol Cummings – Board Member**
3193 N. Champagne Drive
3. **Mrs. Sharon Pettus – Treasurer & Board Member**
3155 W. Champagne Place
4. **Ms. June Briggs – Board Member**
3151 W. Champagne Dr.
5. **Norm Lewis – Secretary & Board Member**
156 N. Champagne Place

Date Taking Office: 3-1-00

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 & 10-11622.A.7)

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: [Underlined portion pertains to profit corporations only]

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 & 10-3202.02)

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? [Underlined portion pertains to profit corporations only]

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 incorporated
- 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 MARCEL DAVIS Date 3-1-00 Name SHARON W. Pettis Date 3.1.00
Signature Marcel Davis Signature Sharon W. Pettis
Title PRESIDENT Title Treasurer

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