



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

Arizona Corporation Commission



00145841

252

DUE ON OR BEFORE 04/21/2000

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.**

-0744648-2

- SUPERSTITION MOUNTAIN HOMEOWNERS ASSOCIATION
% CAPITAL CONSULTANTS -
MANAGEMENT CORP
7975 N HAYDEN RD STE D105
SCOTTSDALE, AZ 85258

RECEIVED

APR 25 2000

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

- Arizona Statutory Agent: BART PARK III
Street Address: 4605 E ELWOOD #440
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85040-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee	\$ 10
Penalty	\$ _____
Renewal	\$ _____
Expedite	\$ _____
Resubmit	\$ _____

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

- Secondary Address:
(Foreign Corporations are **REQUIRED** to complete this section.)

- Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- 1. Accounting
- 2. Advertising
- 3. Aerospace
- 4. Agriculture
- 5. Architecture
- 6. Banking/Finance
- 7. Barbers/Cosmetology
- 8. Construction
- 9. Contractor
- 10. Credit/Collection
- 11. Education
- 12. Engineering
- 13. Entertainment
- 14. General Consulting
- 15. Health Care
- 16. Hotel/Motel
- 17. Import/Export
- 18. Insurance
- 19. Legal Services
- 20. Manufacturing
- 21. Mining
- 22. News Media
- 23. Pharmaceutical
- 24. Publishing/Printing
- 25. Ranching/Livestock
- 26. Real Estate
- 27. Restaurant/Bar
- 28. Retail Sales
- 29. Science/Research
- 30. Sports/Sporting Events
- 31. Technology(Computers)
- 32. Technology(General)
- 33. Television/Radio
- 34. Tourism/Convention Services
- 35. Transportation
- 36. Utilities
- 37. Veterinary Medicine/Animal Care
- 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. (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.)

Name: ~~MICKI WALSH~~ ELLIE CAMPBELL
Title: PRESIDENT/CEO

Address: 200 E SOUTHERN AVE #194
APACHE JUNCTION, AZ 85219-

Date taking office: 01/20/1999 ²⁰⁰⁰

Name: ~~LOIS AVILA~~ JAN BOYUNGS
Title: SECRETARY

Address: 200 E SOUTHERN AVE #119 87
APACHE JUNCTION, AZ 85219-

Date taking office: 01/20/1999 ²⁰⁰⁰

Name: ~~IRENE WEISS~~ HELEN INNIS
Title: VICE-PRESIDENT

Address: 200 E SOUTHERN AVE #95 166
APACHE JUNCTION, AZ 85219-

Date taking office: 01/15/1997 ²⁰⁰⁰

Name: ~~JUDY BERNSTEIN~~ NORMA HAIR
Title: TREASURER

Address: 200 E SOUTHERN AVE #164
APACHE JUNCTION, AZ 85219-

Date taking office: 01/15/1997 ²⁰⁰⁰

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

Name: ~~MICKI WALSH~~ LOIS AVILA
Address: 200 E SOUTHERN AVE #119

APACHE JUNCTION, AZ 85219-

Date taking office: 01/20/1999 ²⁰⁰⁰ 1999

Name: SHARON BROWN

Address: 200 E SOUTHERN AVE #151
APACHE JUNCTION, AZ 85219

Date taking office: 01/20/2000

Name: ~~DARLENE TROUT~~ DARLENE TROUT
Address: 200 E SOUTHERN AVE #50

APACHE JUNCTION, AZ 85219-

Date taking office: 01/20/1999

Name: _____

Address: _____

Date taking office: _____

SUPERSTITION MOUNTAIN HOA
BALANCE SHEET
CCMC PHOENIX ACCOUNTING ONLY
AS OF DECEMBER 31, 1999

	CUR MO BAL	PREV MO BAL	NET CHANGE
ASSETS			
CASH			
CASH - CHECKING	18,723.66	27,948.18	9,224.52-
CASH - RESERVE SAVINGS	108,594.17	60,364.42	48,229.75
CASH - OPERATING SAVGS	21,764.81	67,042.93	45,278.12-
PETTY CASH	300.00	300.00	.00
CASH-ACTIVITY FUND	4,998.94	10,644.89	5,645.95-
KITCHEN FUND	1,104.30	1,104.30	.00
CASH-MONEY MARKET ACCOU	524.68	3,532.77	3,008.09-
TOTAL CASH	156,010.56	170,937.49	14,926.93-
ACCOUNTS RECEIVABLE			
ACCOUNTS RECEIVABLE	2,331.80	1,933.50	398.30
TOTAL ACCTS RECEIVABLE	2,331.80	1,933.50	398.30
FIXED ASSETS			
TOTAL FIXED ASSETS	.00	.00	.00
OTHER ASSETS			
PREPAID INSURANCE	515.69	.00	515.69
PREPAID EXPENSE	5,000.00	5,000.00	.00
TOTAL OTHER ASSETS	5,515.69	5,000.00	515.69
TOTAL ASSETS	163,858.05	177,870.99	14,012.94-
LIABILITIES AND EQUITY			
CURRENT LIABILITIES			
PAYROLL TAX-STATE	160.61	5.76	154.85
ACCRUED EXPENSES	3,278.78	3,105.81	172.97
ACCOUNTS PAYABLE	.00	4,492.67	4,492.67-
PREPAID ASSESSMENTS	8,575.83	12,289.03	3,713.20-
NOTICE FEES PAYABLE	129.00	239.00	110.00-
TOTAL CURRENT LIAB.	12,144.22	20,132.27	7,988.05-
OTHER LIABILITIES			
TOTAL OTHER LIABILITIES	.00	.00	.00
TOTAL LIABILITIES	12,144.22	20,132.27	7,988.05-
EQUITY			
PRIOR YEAR RET EARNINGS	108,452.55	108,452.55	.00
CURR YEAR INCOME/(LOSS)	43,261.28	49,286.17	6,024.89-
TOTAL EQUITY	151,713.83	157,738.72	6,024.89-
TOTAL LIAB AND EQUITY	163,858.05	177,870.99	14,012.94-

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 a) incorporated b) transacted business. 3) The date 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 Norma J. Hair Date 4/17/20 Name _____ Date _____

Signature Norma J. Hair Signature _____

Title Treasurer Title _____

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