



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

Arizona Corporation Commission



DUE ON OR BEFORE 04/15/2000

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.

-0749057-5

**1. THE VILLAGE AT ELK RUN HOMEOWNERS ASSOCI
% MARK CARO
~~1555 E CEDAR AVE~~
FLAGSTAFF, AZ ~~86004~~**

323 S RIVER RUN RD #1
86001

RECEIVED

APR 06 2000

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

ARIZONA CORR. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: MARK CARO
Street Address: ~~1555 E CEDAR AVE~~ 323 S RIVER RUN RD #1
(NOT P.O. BOX)
City, State, Zip: **FLAGSTAFF AZ 86004** 86001

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee \$	<u>10</u>
Penalty \$	_____
Reinstate \$	_____
Expedite \$	_____
Resubmit \$	_____

PH
4/10/00
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

- 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.

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 SEE ATTACHED CHANGES.
(If no changes since last report, check here ___ and go on to Section 8.)

Name: ROBERT CANNELL

Name: NANCY SULLIVAN

Title: PRESIDENT/CEO

Title: VICE-PRESIDENT

Address: 4100 E VILLAGE CIR

Address: 4040 E VILLAGE CIR

FLAGSTAFF, AZ 86004-

FLAGSTAFF, AZ 86004-

Date taking office: 08/28/1997

Date taking office: 08/28/1997

Name: TRACIE FOUTRAKIS

Name: CURT ESSER

Title: SECRETARY

Title: TREASURER

Address: 4405 WILD ELK TRL

Address: 4070 E VILLAGE CIR

FLAGSTAFF, AZ 86004-

FLAGSTAFF, AZ 86004-

Date taking office: 08/28/1997

Date taking office: 07/25/1996

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

Name: CHUCK ECHARD

Name: MARY ANN HAAK

Address: 4030 E VILLAGE CIR

Address: 2490 N SOUTHERN HILLS

FLAGSTAFF, AZ 86004-

FLAGSTAFF, AZ 86004-

Date taking office: 12/10/1997

Date taking office: 07/25/1996

Name: BONNIE GONZALEZ

Name: BETSY SNOW

Address: 4001 E VILLAGE CIR

Address: 4435 WILD ELK TRL

FLAGSTAFF, AZ 86004-

FLAGSTAFF, AZ 86004-

Date taking office: 07/25/1998

Date taking office: 07/25/1998

VILLAGE AT ELK RUN HOMEOWNERS ASSOCIATION, INC.
FILE # -0749057-5
1999
CORRECTIONS/CHANGES

ITEM 7. OFFICERS: (NO CHANGES)

NEW OFFICERS:

EX-OFFICERS:

PRESIDENT: (NO CHANGE)

Date taking office:

Date took office:

VICE PRESIDENT: BETSY SNOW
4435 WILD ELK TRAIL
FLAGSTAFF, AZ 86004
Date taking office: 07-21-1999

NANCY SULLIVAN
4040 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date took office: 08-28-1997

SECRETARY: CHUCK ECHARD
4030 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 07-21-1999

TRACIE FOUTRAKIS
4405 WILD ELK TRAIL
FLAGSTAFF, AZ 86004
Date took office: 08-28-1997

TREASURE: CHUCK ECHARD
4030 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 07-21-1999

CURT ESSER
4070 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date took office: 08-28-1997

ITEM 8 DIRECTORS:

NEW DIRECTORS:

EX-DIRECTORS:

LINDA FAIN
4460 WILD ELK TRAIL
FLAGSTAFF, AZ 86004
Date taking office: 07-21-1999

MARY ANN HAAK
2490 N SOUTHERN HILLS
FLAGSTAFF, AZ 86004
Date took office: 7-25-1998

JERRY OHL
4021 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 07-21-1999

BRYAN DOUGLAS
4180 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date took office: 7-25-1998

TERRY SILVEUS
4130 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 07-21-1999

BONNIE GONZALEZ
4001 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date took office: 7-25-1998

VILLAGE AT ELK RUN HOMEOWNERS ASSOCIATION, INC.
FILE # -0749057-5

1999
BALANCE SHEET

ASSETS

Current Assets:

Cash	\$ <u>101926.45</u>	
Trade notes and accounts receivable (less allowance for bad debts)	_____	
Inventories	_____	
Other current assets	_____	
Total Current Assets		\$ <u>101926.45</u>

Land, buildings and other fixed assets (net of accumulated depreciation)	_____	
Other assets	_____	
Total Assets		\$ <u>101926.45</u>

Liabilities

Current liabilities:

Accounts payable	\$ _____	
Mortgages, notes, bonds (payable in less than 1 year)	_____	
Other current liabilities	_____	
Total Current Liabilities		\$ _____

Mortgages, notes, bonds (payable in more than 1 year)	_____	
Fund balances:		
Restricted	<u>101926.45</u>	
Unrestricted	_____	
Total Fund Balances		<u>101926.45</u>

Total Liabilities and Fund Balances		\$ <u>101926.45</u>
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CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. FIRST STATE BANK 822 N HUMPHREYS FLAGSTAFF AZ 68001 (520) 213-8888		Payer's RTN (optional)	OMB No. 1545-0112 1999 Form 1099-INT	Interest Income
PAYER'S Federal identification number 86-0913376	RECIPIENT'S identification number 86-0805982	1 Interest income not included in box 3 \$ 869.62		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code THE VILLAGE AT ELK RUN MARK CARO 323 S RIVER RUN #1 FLAGSTAFF AZ 86001		2 Early withdrawal penalty \$.00	3 Interest on U.S. Savings Bonds and Treas. obligations \$.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		4 Federal income tax withheld \$.00	5 Investment expenses \$.00	
		6 Foreign tax paid \$.00	7 Foreign country or U.S. possession	
Account number (optional)				

Form **1099-INT**

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

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**

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. 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 _____ Date _____ Name Robert J. Cannell Date 4-3-2000
 Signature _____ Signature Robert J. Cannell
 Title _____ Title President

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