



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

Arizona Corporation Commission



00456121

DUE ON OR BEFORE 04/15/2002

FY01-02

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.

RECEIVED

MAR 1 1 2002

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. -0749057-5
THE VILLAGE AT ELK RUN HOMEOWNERS ASSOCIATION, INC
323 S RIVER RUM RD #1
FLAGSTAFF, AZ 86001

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

2. Arizona Statutory Agent: **MARK CARO**
Street Address: **323 S RIVER RUN RD # 1**
FLAGSTAFF, AZ 86004
City, State, Zip:

Use this box only if appointing a new Statutory Agent

IPR
3/11/02

ACC USE ONLY

Fee \$ 10

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: 362 990
(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. **Please Type or Print Clearly.**

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

SEE ATTACHED LIST.

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

SEE ATTACHED LIST.

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

VILLAGE AT ELK RUN HOMEOWNERS ASSOCIATION, INC.
FILE # -0749057-5
2001
CURRENT OFFICERS/DIRECTORS
CORRECTIONS/CHANGES

ITEM 7. OFFICERS:

PRESIDENT: LINDA CHARLES
4405 WILD ELK TRAIL
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

VICE PRESIDENT: MACK WILBERT
4110 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

SECRETARY: JERRY OHL
4021 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

TREASURE: JERRY OHL
4021 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

ITEM 8 DIRECTORS: BETSY SNOW
4435 WILD ELK TRAIL
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

LINDA CHARLES
4405 WILD ELK TRAIL
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

JERRY OHL
4021 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

SUSAN SIMCHICK
4031 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

MACK WILBERT
4110 E VILLAGE CIRCLE
FLAGSTAFF, AZ 86004
Date taking office: 06-01-2001

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

2001
BALANCE SHEET

ASSETS

Current Assets:

Cash	\$ <u>88179.51</u>	
Trade notes and accounts receivable (Less allowance for bad debts)	<u> </u>	
Inventories	<u> </u>	
Other current assets	<u> </u>	
Total Current Assets		\$ <u>88179.51</u>
Land, buildings, and other fixed assets (Net of accumulated depreciation)	<u> </u>	
Other assets	<u> </u>	
Total Assets		\$ <u>88179.51</u>

Liabilities

Current liabilities:

Accounts payable	\$ <u> </u>	
Mortgages, notes, bonds (Payable in less than 1 year)	<u> </u>	
Other current liabilities	<u> </u>	
Total Current Liabilities		\$ <u> </u>
Mortgages, notes, bonds (Payable in more than 1 year)	<u> </u>	
Fund balances:		
Restricted	<u> </u>	
Unrestricted	<u>88179.51</u>	
Total Fund Balances		<u>88179.51</u>
Total Liabilities and Fund Balances		\$ <u>88179.51</u>

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

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 [X] 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 [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).

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 [X]

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 Linda L-Charles Date 2/28/02 Name _____ Date _____
Signature Linda L Charles Signature _____
Title President Title _____

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