



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. §10-1081 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. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

NOV 03 1997

Corporation File: -0785377-0
Corporation Name: LOCKWOOD ESTATES ASSOCIATION
Address: 7250 N 16TH ST #404

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

City, State, Zip: PHOENIX Tempe
Domicile: ARIZONA
TYPE: NON PROFIT

96 GRAHAM Mgr
26423 So. Ash Avenue
AZ-85020-85283-3657
RECEIVED RECEIVED

Arizona Statutory Agent: SHAWN E TOBIN

Street Address: 2 N CENTRAL AVE 18TH F
(NOT P.O. BOX)

JUL 16 1997 APR 08 1997

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

City, State, Zip: PHOENIX

AZ 85004-

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

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

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

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

-- ATTACH ADDITIONAL SHEETS IF NECESSARY --

Attached

5. OFFICERS

PRESIDENT:

VICE PRESIDENT:

Address:

Address:

DATE TAKING OFFICE

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: J MICHAEL MARTIN

NAME: DONALD L VIEHMANN

Address: % THE VIEHMANN MARTIN COMPANIE

Address: % THE VIEHMANN MARTIN COMPANIE

7250 N. 17TH STREET, #404
PHOENIX, AZ 85020-

7250 N. 17TH ST., #404
PHOENIX, AZ 85020-

Date taking office: 08-21-96

Date taking office: 08-21-96

NAME: Steven Rydolph

NAME:

Address: 900 N. Michigan Ave.

Address:

#2140
Chicago, IL 60611

Date taking office: 8-21-96

Date taking office:

LOCKWOOD ESTATES ASSOCIATION
Board of Directors - 8-21-96

Donald L. Viehmann

President

The Viehmann, Martin Companies
7250 N. 16th Street, Suite 404
Phoenix, Arizona 85020
957-0660
944-4811 - Fax

J. Michael Martin

Vice President
Secretary/Treasurer

The Viehmann, Martin Companies
7250 N. 16th Street, Suite 404
Phoenix, Arizona 85020
957-0660
944-4811 - Fax
999-1954 - Car Phone

Steven R. Rudolph

Director

Thomas J. Klutznick Company
900 North Michigan Avenue, Suite 2140
Chicago, Illinois 60611
(312) 994-5987 - Fax

(10/30/97)

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1081.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
- a copy of the financial statement you prepare for the benefit of your members; OR
- You may simply use the Balance Sheet below.

BALANCE SHEET - No Activity

ASSETS

Current Assets:

Cash	\$	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets	\$	<u>0</u>
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other assets		
Total Assets	\$	<u>0</u>

LIABILITIES

Current Liabilities:

Accounts Payable	\$	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		<u>0</u>
Mortgages, notes, bonds (payable in more than 1 year)		<u>0</u>
Fund Balances:		
Restricted		
Unrestricted		
Total Fund Balances		<u>0</u>
Total Liabilities and Fund Balances	\$	<u>0</u>

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

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 4-2-97 By _____ Date _____
Title President Title _____