



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

Arizona Corporation Commission



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.**

-0785377-0

1. LOCKWOOD ESTATES ASSOCIATION
% GRAHAM MANAGEMENT INC
6423 S ASH AVE
TEMPE, AZ 85283-3657

RECEIVED

MAR 21 2000

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 480-491-1855 (Business phone is optional)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: SUE E GRAHAM
Street Address: 6423 S ASH AVE
(NOT P.O. BOX)
City, State, Zip: TEMPE AZ 85283-3657

IPR

Use this box only if appointing a new Statutory Agent

ACC USE ONLY 323.00

Fee	\$ <u>10</u>
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

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

Title: _____
Address: 7250 N 16TH ST STE 404
PHOENIX, AZ 85020-

Date taking office: _____

Name: J MICHAEL MARTIN
Title: SECRETARY

Title: _____
Address: 7250 N 16TH ST STE 404
PHOENIX, AZ 85020-

Date taking office: _____

Name: J MICHAEL MARTIN
Title: VICE-PRESIDENT

Title: _____
Address: 7250 N 16TH ST STE 404
PHOENIX, AZ 85020-

Date taking office: _____

Name: J MICHAEL MARTIN
Title: TREASURER

Title: _____
Address: 7250 N 16TH ST STE 404
PHOENIX, AZ 85020-

Date taking office: _____

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

Name: STEVEN R RUDOLPH

Address: 900 N MICHIGAN AVE STE 2140

CHICAGO, IL 60611-

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

**LOCKWOOD ESTATES ASSOCIATION
BOARD OF DIRECTORS
ELECTED NOVEMBER 1999**

John Wenderski - Lot # 30
22868 N. 55th Street
Phoenix, AZ 85054
JWenderski@mindspring.com
480-563-2235 - H
623-773-7151 - Office
623-773-7033 - Fax

President

Cindy Bauch - Lot #23
22814 N. 55th Street
Phoenix, AZ 85054
ChollaAZ@aol.Com
480-563-9492 - H
480-563-9493 - F

Vice President

Roland Wells - Lot # 34
22847 N. 55th Street
Phoenix, AZ 85054
480-342-8635 - H
602-953-4123 - W

Secretary

Terri Martin - Lot # 22
22806 N. 55th Street
Phoenix, AZ 85054
Aspire11@aol.Com
480-515-2335 - H
602-542-9975 - W
602-542-9189 - F

Treasurer

Eric D. Aust - Lot # 20
4317 E. Swilling Road
Phoenix, AZ 85050
480-502-3358 - H

Director

(updated 11/29/99)

LOCKWOOD ESTATES ASSOCIATION

BALANCE SHEET
DECEMBER 31, 1999

ASSETS

OPERATING FUNDS		
CASH IN BANK-OPERATING	\$ 35,925.77	

TOTAL OPERATING FUNDS		\$ 35,925.77
RESERVE FUNDS		
RESERVE	4,643.30	
6 MONTH CD-MATURES 03/28/00	30,255.71	

TOTAL RESERVE FUNDS		34,899.01
OTHER ASSETS		

TOTAL ASSETS		\$ 70,824.78

LIABILITIES & HOMEOWNERS EQUITY

LIABILITIES

HOMEOWNERS EQUITY

RESERVE EQUITY		
RESERVE FUNDS EQUITY	393.74-	
RESERVE - PAINTING	23,116.14	
RESERVE - PRIVACY GATES	4,968.76	
RESERVE - STREETS	4,731.87	
RESERVE-FUNDED INTEREST	2,475.98	

TOTAL RESERVE EQUITY		34,899.01
OPERATING SURPLUS/DEFICIT(-)		
PRIOR YEAR SURPLUS-DEFICIT	13,365.17	
CURRENT SURPLUS/DEFICIT(-)	22,560.60	

TOTAL SURPLUS/DEFICIT(-)		35,925.77

TOTAL HOMEOWNERS EQUITY		70,824.78

TOTAL LIABILITIES AND HOMEOWNERS EQUITY		\$ 70,824.78

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 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 JOHN F. WENDERSKI Date 3-15-00 Name _____ Date _____

Signature [Signature] Signature _____

Title PRESIDENT Title _____

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