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

Arizona Corporation Commission



00338432

**DUE ON OR BEFORE 04/21/2001**

**FY00-01**

**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 THE 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**

**APR 25 2001**

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_ (Business phone is optional)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

**RECEIVED**

2. Arizona Statutory Agent: ~~6423 S ASH AVE~~ **ROSSMAN & GRAHAM CHM**  
Street Address: **6423 S ASH AVE** **9362 E Raintree Dr**  
(NOT P.O. BOX) **Scottsdale, AZ 85260**  
City, State, Zip: **TEMPE** **AZ 85283-3657**

**JUL 16 2001**

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

**ACC USE ONLY**

Fee \$ **10**  
Penalty \$ \_\_\_\_\_  
Reinstate \$ \_\_\_\_\_  
Expedite \$ \_\_\_\_\_  
Resubmit \$ \_\_\_\_\_

**Use this box only if appointing a new Statutory Agent**

**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: **229727 263742**

**(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<br>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.

-0785377-0

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.Name: Mr. Mel ShumekName: Ms. Dee MooneyTitle: PresidentTitle: Vice PresidentAddress: 5443 E. HasliKnife Road. 1  
Phoenix, AZ 85054Address: 22444 N. 55TH ST  
Phoenix, AZ 85054Date taking office: march 15, 2000Date taking office: march 15, 2000Name: Mr. Joseph ShermanName: Ms. Cindy WilliamsTitle: TreasurerTitle: 22651 N. 55TH STREETAddress: 5451 E Herrera Dr.  
Phoenix, AZ 85054Address: Secretary  
Phoenix AZ 85054Date taking office: march 15, 2000Date taking office: march 15, 2000**8. DIRECTORS** Please Type or Print Clearly.Name: Mr. Roland WellsName: Mr. Tim AndrewsAddress: 22847 N. 55TH STREET  
Phoenix AZ 85054Address: 22647 N. 54TH Place  
Phoenix, AZ 85054Date taking office: march 1999Date taking office: march 15, 2000

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

06/12/2001  
1:37 PM

LOCKWOOD ESTATES ASSOCIATION  
BALANCE SHEET  
05/31/2001

Page: 1

ROSSMAR & GRAHAM CAM  
9362 E RAINTREE DR  
SCOTTSDALE AZ 85260

GRAHAM  
6423 S. ASH AVENUE  
TEMPE, AZ 85283

ASSETS

OPERATING FUNDS  
OPERATING BANK ONE ARIZONA

84,322.20

TOTAL OPERATING FUNDS

84,322.20

RESERVE FUNDS  
RESERVE BANK ONE ARIZONA

(10,007.41)

TOTAL RESERVE FUNDS

(10,007.41)

TOTAL ASSETS

74,314.79

LIABILITIES & EQUITY

HOMEOWNERS EQUITY

RESERVE EQUITY

RESERVE GENERAL  
RESERVE PAINTING  
RESERVE PRIVACY GATES  
RESERVE STREETS  
RESERVE-FUNDED INTEREST

(6,246.66)  
32,641.14  
2,946.68  
6,395.03  
4,256.40

TOTAL RESERVE EQUITY

39,992.59

OPERATING SURPLUS/(DEFICIT)  
RETAINED EARNINGS  
TRANS TO/FROM RESERVE EQUITY  
CURRENT SURPLUS/(DEFICIT)

54,133.04  
(19,804.29)  
(6.55)

TOTAL SURPLUS/(DEFICIT)

34,322.20

TOTAL LIABILITIES & EQUITY

74,314.79

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)** -0785377-0

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 incorporated or 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 Mel Schmek Date 3/2/01 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Title President Title \_\_\_\_\_

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