



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

AZ Corp. Commission



00887236

DUE ON OR BEFORE 04/21/2004

FY03-04

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 on page 4 for proper format.

1. -0785377-0

LOCKWOOD ESTATES ASSOCIATION
% GRAHAM MANAGEMENT INC
9362 E RAIN TREE DR
SCOTTSDALE, AZ 85260

RECEIVED

MAR - 5 2004

Business Phone: _____

(Business phone is optional.)

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: ROSSMAR AND GRAHAM

Mailing Address: 9362 E RAIN TREE DR

City, State, Zip: SCOTTSDALE, AZ 85260

Physical Address, If Different.

Physical Address:

City, State, Zip:

ACC USE ONLY

IPR

Fee

\$

10 3/10/04

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

Printed Name of new Statutory Agent

3. Secondary Address: 745598

(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. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**. **Please Print or Type Clearly.**

Number of Shares/Certificates **Authorized**

Class

Series Within Class (if any)

N/ANumber of Shares/Certificates **Issued**

Class

Series Within Class (if any)

N/A**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. You Must List at Least One.Name: Dee MooneyName: Mark SmithTitle: PresidentTitle: TreasurerAddress: ROSSMAR & GRAHAM
9362 E. RAINTREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300Address: ROSSMAR & GRAHAM
9362 E. RAINTREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300Date taking office: 3/03Date taking office: 3/03Name: Claudia GarzaName: Paul EasterdayTitle: Vice PresidentTitle: SecretaryAddress: ROSSMAR & GRAHAM
9362 E. RAINTREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300Address: ROSSMAR & GRAHAM
9362 E. RAINTREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300Date taking office: 3/03Date taking office: 3/03**8. DIRECTORS** Please Type or Print Clearly. You Must List at Least One.Name: John OstaffName: Joan NewmanAddress: ROSSMAR & GRAHAM
9362 E. RAINTREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300Address: ROSSMAR & GRAHAM
9362 E. RAINTREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300Date taking office: 3/03Date taking office: 3/03Name: Paul Cunningham

Name: _____

Address: ROSSMAR & GRAHAM
9362 E. RAINTREE DRIVE
SCOTTSDALE, AZ 85260-2098
(480) 551-4300

Address: _____

Date taking office: 3/03

Date taking office: _____

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575 LOCKWOOD ESTATES ASSOCIATION
BALANCE SHEET
12/31/2003

Page: 1

ROSSMAR & GRAHAM CAM
9362 E RAINTREE DR
SCOTTSDALE AZ 85260

ASSETS

OPERATING FUNDS		
FNB OPERATING	17,912.63	

TOTAL OPERATING FUNDS		17,912.63
RESERVE FUNDS		
CD WFS-11/03/03-2.22%	63,592.05	
FNB RESERVE SAVINGS GENERAL	11,742.23	

TOTAL RESERVE FUNDS		75,334.28

TOTAL ASSETS		93,246.91
		=====

LIABILITIES & EQUITY

LIABILITIES		
PREPAID ASSESSMENTS	21,600.00	

TOTAL LIABILITIES		21,600.00
HOMEOWNERS EQUITY		
RESERVE EQUITY		
GENERAL	12,515.58	
STREET\PARKING MAINTENANCE	8,436.81	
PAINTING\STUCCO	35,732.97	
RESERVE INTEREST	3,662.75	
GATES	14,986.17	

TOTAL RESERVE EQUITY		75,334.28
OPERATING SURPLUS/(DEFICIT)		
P/Y SURPLUS(DEFICIT)	(52.54)	
CURRENT SURPLUS/(DEFICIT)	(3,634.83)	

TOTAL SURPLUS/(DEFICIT)		(3,687.37)

TOTAL LIABILITIES & EQUITY		93,246.91
		=====

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

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

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/or 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 business 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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box must be marked:

YES ☐ NO ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

One box must be marked:

YES ☐ NO ☒

If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 Mark J Smith Date 2/27/04 Name _____ Date _____
Signature [Signature] Signature _____
Title Treasurer Title _____

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