



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



DUE ON OR BEFORE 04/09/1998

FILING FEE \$10.00 *mgl*

The following information is required by A.R.S. §10-1622 & §10-2501 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. & §10-2545.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

1. **WYNSTONE PARK HOMEOWNERS ASSOCIATION, INC.**
~~XXXXXXXXXXXXXXXXXXXX~~ P.O. Box 965 -
~~XXXXXXXXXXXXXXXXXXXX~~ Gilbert, Az. 85299-0965 -
~~XXXXXXXXXXXXXXXXXXXX~~

Corporation File Number: -0795710-9
 Business Phone: _____ (Business phone is optional.)
 State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: ~~XXXXXXXXXXXX~~ JONATHAN OLCOTT
 Street Address: ~~XXXXXXXXXXXXXXXXXXXX~~ 4350 E. Camelback #160-C -
 (NOT P.O. BOX) Phoenix, Az. 85018 -
 City, State, Zip: ~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~

PAID	
ACC USE ONLY	
Penalty \$	<i>0.00</i>
Reinstate \$	_____
Expedite \$	_____
Total \$	_____
FY97-98	

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.

[Handwritten Signature]

 Signature

A.C.C. CORPORATIONS
 DIV
 RECEIVED
 Aug 11 1998
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 TO REVIEW BEFORE
 FILING

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 | NON-PROFIT CORPORATIONS |
|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input checked="" type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 16. Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 18. Insurance | |
| <input type="checkbox"/> 19. Legal Services | |
| <input type="checkbox"/> 20. Manufacturing | |
| <input type="checkbox"/> 21. Mining | |
| <input type="checkbox"/> 22. News Media | |
| <input type="checkbox"/> 23. Pharmaceutical | |
| <input type="checkbox"/> 24. Publishing/Printing | |
| <input type="checkbox"/> 25. Ranching/Livestock | |
| <input type="checkbox"/> 26. Real Estate | |
| <input type="checkbox"/> 27. Restaurant/Bar | |
| <input type="checkbox"/> 28. Retail Sales | |
| <input type="checkbox"/> 29. Science/Research | |
| <input type="checkbox"/> 30. Sports/Sporting Events | |
| <input type="checkbox"/> 31. Technology(Computers) | |
| <input type="checkbox"/> 32. Technology(General) | |
| <input type="checkbox"/> 33. Television/Radio | |
| <input type="checkbox"/> 34. Tourism/Convention Services | |
| <input type="checkbox"/> 35. Transportation | |
| <input type="checkbox"/> 36. Utilities | |
| <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 38. 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.

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS (Attach additional sheets if necessary.)

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

Name: JOSEPH C THOMPSON

Name: BRADY SIMMERMAN

Address: 2005 W 14TH ST #1

Address: 2005 W 14TH ST #1

TEMPE, AZ 85281-

TEMPE, AZ 85281-

Date taking office: 04-09-97

Date taking office: 04-09-97

Name: ROBERT NAPOLI

Name: _____

Address: 2005 W 14TH ST #1

Address: _____

TEMPE, AZ 85281-

Date taking office: 04-09-97

Date taking office: _____

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.

Name: _____ Name: _____

NONE

Name: _____ Name: _____

CHANGES

7. OFFICERS (Attach additional sheets if necessary.)

Name: TIM MURRAY

Name: LINDA BRUCE

Title: PRESIDENT

Title: VICE PRESIDENT

Address: 630 S. 99th St.

Address: 660 S. 99th St.

Mesa, Az. 85208

Mesa, Az. 85208

Date taking office: May 1998

Date taking office: May 1998

Name: DAVID MCMAHON

Name: TIM PEARSON

Title: TREASURER

Title: SECRETARY

Address: 9951 E. Dolphin

Address: 9924 E. Delta Circle

Mesa, Az. 85208

Mesa, Az 85208

Date taking office: May 1998

Date taking office: May 1998

8. DIRECTORS Must List a Minimum of 1 Director.

Name: SAME AS OFFICERS

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

DIANA DUNKIN-VASQUEZ
CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED MANAGEMENT ACCOUNTANT

2522 EAST LIBRA STREET
GILBERT, AZ 85234

DIANA DUNKIN-VASQUEZ, C.P.A.

TELEPHONE
(602) 926-5554

Board of Directors
Wynstone Park Homeowners Association, Inc.
P.O. Box 965
Gilbert, Az 85299-0965

Re: Annual Report of WYNSTONE PARK HOMEOWNERS ASSOCIATION
As of December 31, 1997

I have compiled the statement of financial condition-balance sheet (Section 9) of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

My compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. I have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance.

These financial statements are presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.



July 10, 1998

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. §44-5552; OR
- A copy of your manager's report for financial statements prepared for that 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

ASSETS

Current Assets:

Cash	\$ 3,777	
Trade notes and accounts receivable (less allowance for bad debts)		
Inventories		
Other current assets		
Total Current Assets		\$ 3,777
Land, buildings and other fixed assets (net of accumulated depreciation)		
Other assets		
Total Assets		\$ 3,777

LIABILITIES

Current Liabilities:

Accounts Payable	\$	
Mortgages, notes, bonds (payable in less than 1 year)		
Other current liabilities		
Total Current Liabilities		
Mortgages, notes, bonds (payable in more than 1 year)		
Fund Balances:		
Restricted		
Unrestricted		3,777
Total Fund Balances		3,777
Total Liabilities and Fund Balances		\$ 3,777

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only corporations that meet one or more of the following criteria must **attach** a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

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:

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)

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?

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. CAUTION: Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. 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 <u>Tim Pearson</u>	Date <u>7/15/98</u>	Name <u>TIM MURRAY</u>	Date <u>7-15-98</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Title <u>Secretary</u>		Title <u>President</u>	

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