



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

Arizona Corporation Commission



00233212

DUE ON OR BEFORE 04/09/1999

FY98-99

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.

-0828946-0

1. **THUNDER RIDGE HOMEOWNERS ASSOCIATION**
~~% ROBERT ZANETTE~~ 90 P.O. Box 18450
~~PO BX 40~~ Fountain Hills, AZ 85269
~~THUNDER BAY~~
~~ONTARIO, CN P7C 4-V5~~

DELINQUENT ANNUAL REPORT 10/30/2000; CONTACT THE COMMISSION AT 542-3288

Business Phone: _____ (Business phone is optional)

State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

RECEIVED

NOV 29 2000

2. Arizona Statutory Agent: ~~JEANNE Y CHANEN~~ **ALLAN HUTCHISON**
 Street Address: ~~3003 N CENTRAL #1900~~ 11811 N. Tatum Blvd, Phoenix
 (NOT P.O. BOX)
 City, State, Zip: **PHOENIX Phoenix AZ 85012-13 85028**

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee \$	15.00 TPR
Penalty \$	120.00
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.

Allan Hutchison

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

NONE

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 PLEASE TYPE OR PRINT CLEARLY.

Name: Carol Bodnar

Title: President

Address: 16450 E. Ave of the Ftns. # 2
Fountain Hills AZ 85268

Date taking office: 03-01-99

Name: Jane Rosenthal

Title: Secretary

Address: 16450 E. Ave of the Ftns # 66
Fountain Hills AZ 85268

Date taking office: 03-01-99

Name: Madison Straiton

Title: Vice President

Address: 16450 E. Ave of the Ftns # 67
Fountain Hills AZ 85268

Date taking office: 03-01-99

Name: Jesse Dowdy

Title: Treasurer

Address: 16450 E. Ave of the Ftns # 7
Fountain Hills AZ 85268

Date taking office: 03-01-99

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY

Name: Carol Bodnar

Address: 16450 E. Ave of the Ftns # 2
Fountain Hills AZ 85268

Date taking office: 03-01-99

Name: Jane Rosenthal

Address: 16450 E. Ave of the Ftns # 66
Fountain Hills, AZ 85268

Date taking office: 03-01-99

Name: Madison Straiton

Address: 16450 E. Ave of the Ftns # 67
Fountain Hills AZ 85268

Date taking office: 03-01-99

Name: Jesse Dowdy

Address: 16450 E. Ave of the Ftns # 7
Fountain Hills AZ 85268

Date taking office: 03-01-99

Thunder Ridge Homeowners Association

File No. 0828946-0

Additional Directors

Name: Joe Carter

Address: 16450 E Ave of the Fins # 4
Fountain Hills AZ 85268

Date Taking Office: 03-01-99

Name: Bill Anderson

Address: 16450 E Ave of the Fins # 69
Fountain Hills AZ 85268

Date Taking Office: 03-01-99

Name: Sam Lazarus

Address: 16450 E. Ave of the Fins # 38
Fountain Hills AZ 85268

Date Taking Office: 03-01-99

Name: _____

Address: _____

Date Taking Office: _____

11/14/00

Thunder Ridge Condominiums HOA, Inc.
Balance Sheet - Income Tax Basis
As of December 31, 1998

	<u>Dec 31, '98</u>
ASSETS	0.00
LIABILITIES & EQUI...	0.00

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**

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
- 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 _____ Date _____ Name Carol M. Bodnar Date 11/20/00
 Signature ^x _____ Signature _x Carol M. Bodnar
 Title _____ Title President

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