



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

Arizona Corporation Commission



00233213

DUE ON OR BEFORE 04/09/2000

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.

-0828946-0

1. THUNDER RIDGE HOMEOWNERS ASSOCIATION

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

DELINQUENT ANNUAL REPORT 10/30/2000; CONTACT THE COMMISSION AT 542-3285

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. A-199
(NOT P.O. BOX)
City, State, Zip: ~~PHOENIX~~ **AZ-85012** Phoenix, AZ 85028

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee \$	<u>171320</u> ^{IPR}
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]

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

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
NONE		

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
NONE		

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.

NONE

Name: _____ Name: _____

Name: _____ Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY.

Name: Carol Bodnar

Title: President

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

Date taking office: 3-1-99

Name: Madison Straiton

Title: Vice-President

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

Date taking office: 3-1-99

Name: Jane Rosenthal

Title: Secretary

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

Date taking office: 3-1-99

Name: Jesse Dowdy

Title: Treasurer

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

Date taking office: 3-1-99

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY

Name: Carol Bodnar

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

Date taking office: 3-1-99

Name: Madison Straiton

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

Date taking office: 3-1-99

Name: Jane Rosenthal

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

Date taking office: 3-1-99

Name: Jesse Dowdy

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

Date taking office: 3-1-99

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: _____

Thunder Ridge Condominiums Homeowners' Association, Inc.

Balance Sheet
December 31, 1999

	<u>1999</u>
Assets	
Current Assets	
Cash	\$ 2,070
Prepaid expenses	400
	<hr/>
Total Current Assets	2,470
Other Assets - Restricted	
Cash designated for future repairs and replacements	2,823
	<hr/>
Total Assets	<u>\$ 5,293</u>
Liabilities and Association Equity	
Current Liabilities	
Association fees paid in advance	\$ 4,521
	<hr/>
Total Current Liabilities	4,521
Association Equity	
Undesignated	(2,051)
Designated for future repairs and replacements	2,823
	<hr/>
Total Association Equity	772
	<hr/>
Total Liabilities and Association Equity	<u>\$ 5,293</u>

See Accountants' Review Report and Accompanying Notes

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 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 _____ 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.)