



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

Arizona Corporation Commission



00003733

DUE ON OR BEFORE 04/28/1999

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.**

1. PRELUDE AT PARADISE VALLEY COMMUNITY ASSOCIATION  
~~10235 S 51ST ST #100~~ 6423 S. Ash Ave.  
~~PHOENIX, AZ 85044~~ Tempe 85283

RECEIVED

MAR 19 1999

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

-0830389-9

Business Phone: 491-1855 (Business phone is optional)  
State of Domicile: ARIZONA Corporation File Number:  
Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: STEVEN L LISKER Sue GRAHAM  
Street Address: 2800 N CENTRAL AVE #2100 6423 S. Ash Ave.  
(NOT P.O. BOX)  
City, State, Zip: PHOENIX AZ 85004 - Tempe 85283

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.

*Sue G. Graham*

Signature of new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$

Reinstatement \$

Expenses \$

Total \$

FY98-99

PAID

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)

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** Must List a Minimum of 3 Directors.

Name: WILLIS W MARTIN

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

Address: 10235 S 51ST ST #100

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

PHOENIX, AZ 85044-

Date taking office: 01-28-98

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

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

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

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

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

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

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

01/27

**PRELUDE AT PARADISE VALLEY  
COMMUNITY ASSOCIATION**

**Board of Directors - January 28, 1998  
Also Members of Architectural Committee**

<b>Willis Martin</b> Pulte Home Corporation 10235 South 51 <sup>st</sup> Street, #100 Phoenix, Arizona 85044 598-2100 598-2120 - F	<b>President</b>	<b>1999</b>
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<b>Thomas Mitchell</b> Pulte Home Corporation 10235 South 51 <sup>st</sup> Street, #100 Phoenix, Arizona 85044 598-2100 598-2120 - F	<b>Vice President</b>	<b>1999</b>
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<b>Linda Moore</b> Pulte Home Corporation 10235 South 51 <sup>st</sup> Street, #100 Phoenix, Arizona 85044 598-2105 x 260 598-2120 - F	<b>Secretary/Treasurer</b>	<b>1999</b>
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<b>Sue Graham</b> 6423 South Ash Avenue Tempe, Arizona 85283 491-1855	<b>Asst. Secretary</b>	
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**Graham Management, Inc.**  
Jon Collins, Association Manager  
6423 South Ash Avenue  
Tempe, Arizona 85283  
Telephone: (602) 491-1855  
Fax: (602) 491-2441

(12/28/98)

PRELUDE AT PARADISE VALLEY COMMUNITY ASSOCIATION

BALANCE SHEET  
DECEMBER 31, 1998

ASSETS

OPERATING FUNDS		
CASH IN BANK-OPERATING	\$	4,040.42
WORKING CAPITAL INCOME		3,110.00
		-----
TOTAL OPERATING FUNDS	\$	7,150.42
RESERVE FUNDS		
RESERVE		622.44
		-----
TOTAL RESERVE FUNDS		622.44
OTHER ASSETS		
		-----
TOTAL ASSETS	\$	7,772.86
		-----

LIABILITIES & HOMEOWNERS EQUITY

LIABILITIES

HOMEOWNERS EQUITY

RESERVE EQUITY		
RESERVE FUNDS EQUITY	593.79	
RESERVE-FUNDED INTEREST	28.65	
	-----	
TOTAL RESERVE EQUITY		622.44
OPERATING SURPLUS/DEFICIT(-)		
CURRENT SURPLUS/DEFICIT(-)	7,150.42	
	-----	
TOTAL SURPLUS/DEFICIT(-)		7,150.42
		-----
TOTAL HOMEOWNERS EQUITY		7,772.86
		-----
TOTAL LIABILITIES AND HOMEOWNERS EQUITY	\$	7,772.86
		-----

**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 & 10-2505.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. 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 <u>WILLIS W MARTIN</u> Date <u>FEB 16 1999</u>	Name <u>LINDA S MOORE</u> Date <u>FEB 16 1999</u>
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>
Title <u>Pres.</u>	Title <u>Sec./Treas.</u>

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