



COPY

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

Arizona Corporation Commission



00360365

DUE ON OR BEFORE 04/30/2001

FY00-01

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.

RECEIVED

AUG 28 2001

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

1. -0967602-0 DESERT SHADOWS HOMEOWNERS ASSOCIATION, I % STEPHANIE WILKES TRIMARK HOMES INC 1733 N GREENFIELD RD #101 MESA, AZ 85205

DELINQUENT PUBLICATION 08/09/2001; CONTACT THE COMMISSION AT 542-3135!

Business Phone: [REDACTED]

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

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OCT 09 2001

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

2. Arizona Statutory Agent: STEPHANIE WILKES Street Address: % TRIMARK HOMES INC 1733 N GREENFIELD RD #101 City, State, Zip: MESA, AZ 85205

No 8 10/11/01

Use this box only if appointing a new Statutory Agent

ACC USE ONLY Fee \$ 10 Penalty \$ Reinstatement \$ Expedite \$ Resubmit \$

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

3. Secondary Address:

282612 299805

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 8. Banking/Finance 7. Barber/Coemotology 6. 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)

N/A

Number 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.

Name: N/A                      Name: \_\_\_\_\_

NONE

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

**7. OFFICERS      PLEASE TYPE OR PRINT CLEARLY.**

Name: BRIAN K. HARRY                      Name: \_\_\_\_\_

Title: PRESIDENT                      Title: \_\_\_\_\_

Address: 1733 N. GREENFIELD RD. #101                      Address: \_\_\_\_\_

MEGA A2 85205

Date taking office: 4-1-01                      Date taking office: \_\_\_\_\_

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

Title: \_\_\_\_\_                      Title: \_\_\_\_\_

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

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

**8. DIRECTORS      PLEASE TYPE OR PRINT CLEARLY.**

Name: BRIAN K. HARRY                      Name: \_\_\_\_\_

Address: 1733 N. GREENFIELD RD. #101                      Address: \_\_\_\_\_

MEGA A2 85205

Date taking office: 4-1-01                      Date taking office: \_\_\_\_\_

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

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


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

09676020

DESERT SHADOWS HOMEOWNERS ASSOCIATION, INC.  
Balance Sheet  
(No activity to date)

<b>ASSETS</b>	
Current Assets	
Checking/Savings	0
Prepaid Assessments	0
	<hr/>
<b>Total Current Assets</b>	<b>0</b>
	<hr/>
<b>TOTAL ASSETS</b>	<b>0</b>
	<hr/> <hr/>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	
Homeowner's Equity	0
Net Income	0
	<hr/>
<b>Total Equity</b>	<b>0</b>
	<hr/>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>0</b>
	<hr/> <hr/>

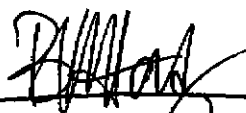
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Beinn E. Huxey

09276020

**DESERT SHADOWS HOMEOWNERS ASSOCIATION, INC.**  
**Income Statement**  
**(No activity to date)**

<b>Income</b>	
Resident Assessments	0
Developer Assessments	0
Developer Subsidy	0
Interest Income	0
<b>Total Income</b>	<u>0</u>
<b>Expense</b>	
Maintenance & Repair	
Landscape Service	0
<b>Total Maintenance &amp; Repair</b>	<u>0</u>
Parts & Supplies	
Landscape Material	0
<b>Total Parts &amp; Supplies</b>	<u>0</u>
Utilities	
Electric	0
Water	0
<b>Total Utilities</b>	<u>0</u>
Administrative Expenses	
Legal Fees	0
Management Service	0
Postage / Copies	0
<b>Total Administrative Expenses</b>	<u>0</u>
<b>Total Expenses</b>	<u>0</u>
<b>Net Income</b>	<u><u>0</u></u>

  
\_\_\_\_\_  
Brian K. Gray

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)** - 09/16/02 - 8

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 Bernard K. Haroy Date 9/3/01 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature [Signature] Signature \_\_\_\_\_

Title MANAGER Title \_\_\_\_\_

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