



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

Arizona Corporation Commission



00480810

DUE ON OR BEFORE 04/30/2002

FY01-02

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

MAR 18 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

RECEIVED

APR 22 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone optional)
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

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

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.

Signature of new Statutory Agent

ACC USE ONLY IP2
Fee \$ 10 39-02
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

367420 387 476

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) _____

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. **Please Type or Print Clearly.**

Name: N/A Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

Name: BRIAN HARON

Name: _____

Title: MANAGER

Title: _____

Address: 1733 N. GREENFIELD RD. #101
MESA AZ 85205

Address: _____

Date taking office: 5-1-01

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. HARON

Name: _____

Address: 1733 N. GREENFIELD RD. #101
MESA AZ 85205

Address: _____

Date taking office: 5-1-01

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

DESERT SHADOWS HOMEOWNERS ASSOCIATION, INC.

**Balance Sheet
(No activity to date)**

ASSETS

Current Assets

Checking/Savings

0

Prepaid Assessments

0

Total Current Assets

0

TOTAL ASSETS

0

LIABILITIES & EQUITY

Equity

Homeowner's Equity

0

Net Income

0

Total Equity

0

TOTAL LIABILITIES & EQUITY

0

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

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

