



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

Arizona Corporation Commission



00420166

DUE ON OR BEFORE 04/16/2001

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.

-0969411-3

1. **ASHLEY HEIGHTS HOMEOWNERS ASSOCIATION OF**
~~8800 N GAINNEY DR #350~~ **Co ASSOCIATED ASSET MANAGEMENT**
~~SCOTTSDALE, AZ 85258~~ **2400 E. ARIZONA BILTMORE CIR. #1300**
PHOENIX, AZ 85016

RECEIVED

DEC 24 2001

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

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

2. Arizona Statutory Agent: ~~LEWIS F SATTERFIELD~~ **Laura Ziff**
Street Address: ~~8800 N GAINNEY DR #350~~ **2400 E. ARIZONA BILTMORE CIR. #1300**
(NOT P.O. BOX) **PHOENIX, AZ 85016**
City, State, Zip: **SCOTTSDALE** ~~AZ 85258~~

Use this box only if appointing a new Statutory Agent

IPR
ACC USE ONLY 12.0
Fee \$ 10
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.

X Laura Ziff
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)

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: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

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 Please Type or Print Clearly.

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

AHSLEY HEIGHTS HOMEOWNERS ASSOCIATION
BOARD OF DIRECTORS
FILE ID #-0969411-3

2001

Please make the following corrections to the Board of Directors.

Officers:

President:

Ken Peterson
8800 N Gainey Center Drive Ste. 350
SCOTTSDALE, AZ 85258
March 2001

Vice President:

Joyce Manigold
8800 N Gainey Center Drive Ste. 350
SCOTTSDALE, AZ 85258
March 2001

Secretary:

David Garcia
8800 N Gainey Center Drive Ste. 350
SCOTTSDALE, AZ 85258
March 2001

Treasurer:

David Garcia
8800 N Gainey Center Drive Ste. 350
SCOTTSDALE, AZ 85258
March 2001

Directors:

Bonnie Pennington
8800 N Gainey Center Drive Ste. 350
SCOTTSDALE, AZ 85258
March 2001

BALANCE SHEET
Dec 2000

ASSETS

Current Assets:

Cash	\$	<u>0</u>	
Trade notes and accounts receivable (less allowance for bad debts)		<u>0</u>	
Inventories		<u>0</u>	
Other current assets		<u>0</u>	
Total Current Assets			\$ <u>0</u>
Land, buildings and other fixed assets (net of accumulated depreciation)		<u>0</u>	
Other assets		<u>0</u>	
Total Assets			\$ <u>0</u>

LIABILITIES

Current Liabilities:

Accounts Payable	\$	<u>0</u>	
Mortgages, notes, bonds (payable in less than 1 year)		<u>0</u>	
Other current liabilities		<u>0</u>	
Total Current Liabilities			<u>0</u>
Mortgages, notes, bonds (payable in more than 1 year)			<u>0</u>
Fund Balances:			
Restricted		<u>0</u>	
Unrestricted		<u>0</u>	
Total Fund Balances			<u>0</u>
Total Liabilities and Fund Balances			\$ <u>0</u>

BOOTH & REECE, CPAs, P.C.

4801 E. McKellips Road, Suite 102, Mesa, AZ 85215-2505
(480) 832-1995 Fax (480) 832-2306

Charles B. Booth, CPA
Mark D. Reece, CPA

September 25, 2001

State of Arizona Corporation Commission
Ashley Heights Homeowners Association

We have compiled the statement of assets, liabilities and members' equity - cash basis as of December 31, 2000 of Ashley Heights Homeowners Association, required to be presented with the accompanying prescribed form, in accordance with standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and accordingly, do not express an opinion or any other form of assurance on them.

These financial statements are presented in accordance with requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all disclosures required by generally accepted accounting principles. Accordingly, the accompanying financial statements are not designed for those who are not informed about such differences.

Booth + Reece

Certified Public Accountants

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

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 or 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 X David Garcia Date X 12/12/01 Name Joyce Mangold Date 12/12/01
 Signature [Signature] Signature [Signature]
 Title VP LOUISA SECTORS Title Vice President
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)