



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

AZ Corp. Commission



00917614

DUE ON OR BEFORE 04/11/2004

FY03-04

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 on page 4 for proper format.

1. -1044996-6

TUSCANO MASTER HOMEOWNERS ASSOCIATION
14648 N SCOTTSDALE RD #325
SCOTTSDALE, AZ 85254

RECEIVED

APR 15 2004

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

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

2. Statutory Agent: KURT M BRUECKNER

Mailing Address: 7373 N SCOTTSDALE RD STE B-252

City, State, Zip: SCOTTSDALE, AZ 85253

Physical Address, If Different.

Physical Address:

City, State, Zip:

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

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

Printed Name 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 | ☐ 20. Manufacturing |
| ☐ 2. Advertising | ☐ 21. Mining |
| ☐ 3. Aerospace | ☐ 22. News Media |
| ☐ 4. Agriculture | ☐ 23. Pharmaceutical |
| ☐ 5. Architecture | ☐ 24. Publishing/Printing |
| ☐ 6. Banking/Finance | ☐ 25. Ranching/Livestock |
| ☐ 7. Barbers/Cosmetology | ☐ 26. Real Estate |
| ☐ 8. Construction | ☐ 27. Restaurant/Bar |
| ☐ 9. Contractor | ☐ 28. Retail Sales |
| ☐ 10. Credit/Collection | ☐ 29. Science/Research |
| ☐ 11. Education | ☐ 30. Sports/Sporting Events |
| ☐ 12. Engineering | ☐ 31. Technology(Computers) |
| ☐ 13. Entertainment | ☐ 32. Technology(General) |
| ☐ 14. General Consulting | ☐ 33. Television/Radio |
| ☐ 15. Health Care | ☐ 34. Tourism/Convention Services |
| ☐ 16. Hotel/Motel | ☐ 35. Transportation |
| ☐ 17. Import/Export | ☐ 36. Utilities |
| ☐ 18. Insurance | ☐ 37. Veterinary Medicine/Animal Care |
| ☐ 19. Legal Services | ☐ 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. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**. **Please Print or Type Clearly.**

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. **Please Type or Print Clearly.**

NONE ☒ Name: _____ Name: _____

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: Robert Napoli

Name: Richard Cabral

Title: President

Title: Vice President

Address: 14648 N. Scottsdale Rd., Suite 325

Address: 14648 N. Scottsdale Rd., Suite 325

Scottsdale, AZ 85254

Scottsdale, AZ 85254

Date taking office: 9/11/02

Date taking office: 9/11/02

Name: Matthew Montgomery

Name: _____

Title: Secretary/Treasurer

Title: _____

Address: 14648 N. Scottsdale Rd., Suite 325

Address: _____

Scottsdale, AZ 85254

Date taking office: 5/9/03

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Robert Napoli

Name: Richard Cabral

Address: same as above

Address: same as above

Date taking office: 9/11/02

Date taking office: 9/11/02

Name: Matthew Montgomery

Name: _____

Address: same as above

Address: _____

Date taking office: 5/9/03

Date taking office: _____

Financial Disclosure Statement
for Tuscano Master Homeowners Association

The Tuscano Master Homeowners Association has not conducted business in Arizona in the past year. This disclosure is an attachment to the Corporation Annual Report for FY 03-04.



NEWPORT

DEVELOPMENT

14648 N SCOTTSDALE ROAD, SUITE 325, SCOTTSDALE, AZ 85254-2739

DIRECT: 480.991.0672 OFFICE: 480.951.8000 FAX: 480.991.2888 602-999-5786

TRANSMITTAL

SENT BY: Matthew Montgomery

DATE: 04/12/04

PAGES:

TO:	Arizona Corporation Commission
	c/o Annual Reports-Corporate Division
	1300 West Washington
	Phoenix, AZ 85007-2929

RE: Annual Report

PROPERTY: Tuscano Master Homeowners Association

TRANSMITTED VIA: ☐ FAX ☐ EMAIL ☒ MAIL ☐ COURIER ☐ BY HAND ☐ OVERNITE

Enclosed herewith is the following:

- Completed Annual Report for the Tuscano Master Homeowners Association
- Financial Disclosure Statement
- Check for \$10.00

ACTION REQUIRED:

- | | | |
|--|--|---|
| ☐ PER YOUR REQUEST | ☐ FOR REVIEW AND COMMENT | ☐ CALL ME TO DISCUSS |
| ☐ FOR YOUR APPROVAL | ☐ RETURN WITH SIGNATURE(S) | ☐ AS REVISED |
| ☐ AS PREVIOUSLY FAXED | ☒ FOR YOUR INFORMATION | ☐ FOR YOUR FILES |
| ☐ OTHER | | |

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If you have received this communication in error, please notify the office of NEWPORT DEVELOPMENT *immediately*. Thank You.

10449966

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.**9A. MEMBERS (A.R.S. § 10-11622.A.6)**

Only Nonprofit Corporations must answer this question.

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/or 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 business 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; |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box **must** be marked:YES ☐ NO ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]One box **must** be marked:YES ☐ NO ☒If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 Matthew Montgomery Date 4/12/04 Name _____ Date _____Signature [Signature] Signature _____Title Secretary/Treasurer Title _____

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