



STATE OF ARIZONA
CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0097221-7
Corporation Name: GREEN VALLEY COUNTRY CLUB VISTAS I PROPERTY OWNERS' ASSOCIATION
Address: PO BOX 346

City, State, Zip: GREEN VALLEY AZ 85622-
Domicile: ARIZONA
Type: NON-PROFIT

Arizona Statutory Agent: ~~JOHN R. EVEN~~ Grant, Hill & Rubin P.C.
Street Address: 33 N STONE #1100
(NOT P.O. BOX)

City, State, Zip: TUCSON AZ 85701-

A.C.C. CORPORATIONS DIV.
RECEIVED

FEB 14 1996

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

1. Check the one category below which best describes the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> Charitable | 8. <input type="checkbox"/> Social | 15. <input type="checkbox"/> Agricultural |
| 2. <input type="checkbox"/> Benevolent | 9. <input type="checkbox"/> Fraternal | 16. <input type="checkbox"/> Horticultural |
| 3. <input type="checkbox"/> Educational | 10. <input type="checkbox"/> Literary | 17. <input type="checkbox"/> Animal Husbandry |
| 4. <input checked="" type="checkbox"/> Civic | 11. <input type="checkbox"/> Cultural | 18. <input type="checkbox"/> Homeowners' Association |
| 5. <input type="checkbox"/> Patriotic | 12. <input type="checkbox"/> Athletic | 19. <input type="checkbox"/> Professional, commercial, industrial, or trade association |
| 6. <input type="checkbox"/> Political | 13. <input type="checkbox"/> Science/Research | 20. <input type="checkbox"/> Other _____ |
| 7. <input type="checkbox"/> Religious | 14. <input type="checkbox"/> Hospital/Health Care | |

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 _____ 101 - 500 _____ Over 500 _____

3. ~ ~ If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below ~ ~
~ ~ and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. ~ ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

(CHANGED NAME OF LAW OFFICE ONLY)

Statutory Agent Name

Address

Signature

City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. OFFICERS (If no changes since last report, check here and go on to Section 6.)

PRESIDENT: CECIL VANCE

Address: 141 CALLE MANANTIAL KENT

GREEN VALLEY, AZ 85614-

Date taking office: 02-02-93

VICE PRESIDENT: HOLLACE ROBERTS

Address: 141 W CALLE MELENDREZ

GREEN VALLEY, AZ 85614-

Date taking office: 02-02-93

SECRETARY: LOIS SPERO

Address: 1251 N AVE CANON DEL CAJON

GREEN VALLEY, AZ 85614-

Date taking office: 02-02-93

TREASURER: ROBERT NEVE

Address: 1001 N AVE CABEZA DE ELEFANTE

GREEN VALLEY, AZ 85614-

Date taking office: 02-20-93

6. DIRECTORS (If no changes since last report, check here and go on to Section 7.)

NAME: NANCY FIORITO

Address: 2-20 CALLE CANON DE FABER

GREEN VALLEY, AZ 85614-

Date taking office: 02-02-93

NAME: VICTOR HEIMSOTH

Address: 1320 N LA CANADA

GREEN VALLEY, AZ 85614-

Date taking office: 02-02-93

NAME: ROSE NESS

Address: 22 W CALLE CANON DE FABER

GREEN VALLEY, AZ 85614-

Date taking office: 02-02-93

NAME: KATIE STIMMEL

Address: 132 CALLE MANANTIAL KENT

GREEN VALLEY, AZ 85614-

Date taking office: 02-02-93

SEE ATTACHED SHEET

CCVI BOARD
As of February 6, 1996

Date taking office: 2/6/96

Term Ends

President - Bruce Arnold
111 Montana Jack
Green Valley, AZ 85614

February 1997

Vice.Pres - Max Klessig
232 Calle Canon de Faber
Green Valley, AZ 85614

February 1999

Tres. - Carolyn Beaubien
121 Calle Manantial Kent
Green Valley, A 85614

February 1997

Sec. - Hollace Roberts
141 Calle Melendrez
Green Valley, AZ 85614

February 1998

Directors

Bob Lamphere
262 Calle McCleary
Green Valley, AZ 85614

February 1998

Doug Armitage
1011 Cabeza de Elefante
Green Valley, AZ 85614

February 1998

Dora McIlhenny
130 Calle McCleary
Green Valley, AZ 85614

February 1999

Mike McNeeley
1 Montana Jack
Green Valley, AZ 85614

February 1997

Florence Downing
202 Calle Melendrez
Green Valley, A 85614

February 1999

(Non-Profit Corporation Name)

(File Number)

7. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-1081.A.6.)

You must submit a statement of the corporation's financial condition. Any reasonable schedule will be accepted provided it reflects the intent of the law, as determined by the Commission. Several suggestions for information you may submit to satisfy this requirement include the following:

- Attach a copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR
- a copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR
- a copy of your treasurer's report (or financial statement) prepared for this fiscal year; OR
- a copy of the financial statement you prepare for the benefit of your members; OR
- You may simply use the Balance Sheet below.

BALANCE SHEET

ASSETS

Current Assets:

Cash

\$ 9,990.⁶¹

Trade notes and accounts receivable
(less allowance for bad debts)

Inventories

Other current assets

Total Current Assets

\$ _____

Land, buildings and other fixed assets
(net of accumulated depreciation)

Other assets

Total Assets

\$ 9,990.⁶¹

LIABILITIES

Current Liabilities:

Accounts Payable

\$ _____

Mortgages, notes, bonds (payable in less than 1 year)

Other current liabilities

Total Current Liabilities

Mortgages, notes, bonds (payable in more than 1 year)

Fund Balances:

Restricted

Unrestricted

Total Fund Balances

Total Liabilities and Fund Balances

\$ 0

8.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

1. Been 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. Been 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. Been 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:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

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). | |

8.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____ Chapter _____ Date Filed _____ Case Number _____ No ☒

9. This report must be executed by the corporation and attested by it's president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

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.

By Carolyn P. Beaubien Date 2/12/96 By Bruce Arnold Date 2/12/96

Title Treasurer Title President