



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. 510-1081 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. 510-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0155651-3  
Corporation Name: LOS CORONADOS, INC.  
Address: % ASSOCIATED PROPERTY MNGT  
PO BOX 188

City, State, Zip: SCOTTSDALE AZ 85252-0188  
Domicile: ARIZONA  
Type: NON-PROFIT

Arizona Statutory Agent: ASSOCIATED PROPERTY MANAGEMENT  
Street Address: 14820 N CAVE CREEK RD #1920  
(NOT P.O. BOX)

City, State, Zip: PHOENIX AZ 85032-

RECEIVED

JUN 24 1996

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

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 type="checkbox"/> Civic       | 11. <input type="checkbox"/> Cultural             | 18. <input checked="" 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 |   |

nd. w/ ext. 12-1594

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.

Statutory Agent Name

Address

Signature

City, State, Zip

4. Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

5. OFFICERS

**PRESIDENT** Bernie Myers  
10-46  
Address: 2935 N. 68th Street #214  
Scottsdale, AZ 85251

Date taking office: 3-25-96

**SECRETARY** Margaret Kilmurray  
10-29  
Address: 2935 N. 68th Street #117  
Scottsdale, AZ 85251

Date taking office: 3-25-96

**ESIDENT:** Evelyn Partridge  
10-45  
Address: 2935 N. 68th Street #214  
Scottsdale, AZ 85251

Date taking office: 3-25-96

**ASUREI** Louise Scott  
10-01  
Address: 2935 N. 68th Street #132  
Scottsdale, AZ 85251

Date taking office: 3-25-96

6. DIRECTORS Must List a Minimum of 3 Directors.

**NAME** Eugene Buser  
10-37  
Address: 2935 N. 68th Street #210  
Scottsdale, AZ 85251

Date taking office: 3-25-96

**NAME:** Louise Scott  
Address: 2935 N. 68th St. #132  
Scotts. AZ 85251

Date taking office: 3-25-96

**NAME:** Evelyn Partridge  
Address: 2935 N. 68th St. #215  
Scotts. AZ 85251

Date taking office: 3-25-96.

**NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_

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

BALANCE SHEET - LOS CORONADOS HOA  
December, 1995

01/24/96

PREPARED FOR :

PREPARED BY :  
Associated Property Mgmt.  
P.O. Box 188  
Scottsdale, AZ 85252

Assets

Current Assets

Cash

Checking Account 1	11,246.92
Money Market Account 1	24,182.37
Money Market Account 2	
Painting Assessment	20,594.00
Petty Cash	100.00
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Total Cash	56,123.29
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Short Term Investments

A/R Dues	752.00
A/R Assessments	23,506.00
A/R Other	25.00

Total Assets	80,406.29
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Liabilities and Capital

Current Liabilities

Prepaid Dues	310.00
Deposits	20.00
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Total Liabilities	330.00
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Capital

A/R-A/P Offset Account	23,973.00
Retained Earnings	29,610.17
Net Income	26,493.12
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Total Equity	80,076.29
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Total Liab. and Capital	80,406.29
	=====

**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 X \_\_\_\_\_

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 X \_\_\_\_\_

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 Bernie Meyers Date 6-19-96 By \_\_\_\_\_ Date \_\_\_\_\_  
Title President Title \_\_\_\_\_