



# STATE OF ARIZONA CORPORATION COMMISSION



## NONPROFIT CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 06/30/1996

DUE ON OR BEFORE 10/15/1996

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: -0141208-0  
Corporation Name: TIERRA PALMAS PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.  
Address: % ELLA N NORMAN  
996 PASEO DEL ORO

RECEIVED

City, State, Zip: CASA GRANDE AZ 85222-  
Domicile: ARIZONA  
Type: NON-PROFIT

OCT 15 1996

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

Arizona Statutory Agent: ELLA N NORMAN  
Street Address: 996 PASEO DEL ORO  
(NOT P.O. BOX)

City, State, Zip: CASA GRANDE AZ 85222-

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 |   |

ACC USE ONLY	
Fee	\$ 10
Penalty	\$ _____
Total	\$ _____

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

25 or Less NONE      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

-- ATTACH ADDITIONAL SHEETS IF NECESSARY --

**5. OFFICERS**

**PRESIDENT:** Jack Rowland

**VICE PRESIDENT:** Karen Roberts

**Address:** 988 Paseo del Oro

**Address:** 992 Paseo del Oro

Casa Grande, AZ 85222

Casa Grande, AZ 85222

**Date taking office:** 10/7/96

**Date taking office:** 10/7/96

**SECRETARY:** Andrea McCarville

**TREASURER:** Ella Norman

**Address:** 986 Paseo del Oro

**Address:** 996 Paseo del Oro

Casa Grande, AZ 85222

Casa Grande, AZ 85222

**Date taking office:** 10/7/96

**Date taking office:** 10/7/96

**6. DIRECTORS** Must List a Minimum of 3 Directors.

**NAME:** Ella Dodd

**NAME:** Mary McEowen

**Address:** 990 Paseo del Oro

**Address:** 976 Paseo del Oro

Casa Grande, AZ 85222

Casa Grande, AZ 85222

**Date taking office:** 10/7/96

**Date taking office:** 10/7/96

**NAME:** Margaret Griffen

**NAME:** James Roberts

**Address:** 978 Paseo del Oro

**Address:** 992 Paseo del Oro

Casa Grande, AZ 85222

Casa Grande, AZ 85222

**Date taking office:** 10/7/96

**Date taking office:** 10/7/96

TIERRA PALMAS PATIO HOMES HOA

ANNUAL FINANCIAL REPORT

October 1, 1995 to October 1, 1996

Account Balance 10/1/95

Capital Improvement	\$1,300.40	
Maintenance	<u>5,117.96</u>	
Total		\$6,418.36

Receipts

Assessments (11 x \$600)	\$6,600.00	
Assessments paid in advance	200.00	
Assessments reported in 1995	<u>(200.00)</u>	
Total Assessments Received		6,600.00
Bank Interest Earned		90.26

Expenditures

Maintenance		(6,863.10)
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Account Balance 10/1/96

Capital Improvement	\$1,300.40	
Maintenance	<u>4,945.12</u>	
Total		\$6,245.52

TOTAL BANK ACCOUNT BALANCE 10/1/96		\$6,245.52
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Detail of Expenditures

Maintenance

Electricity	\$1,482.09	Bank Service Chg	11.56
Water	628.51	AZ Corp Comm	10.00
Landscape Labor	1,821.62	AZ Income Tax	50.00
Pool Service	930.14	I.R.S.	4.00
Health Permit	25.00	Pinal County Tax	538.18
Insurance	1,312.00	Petty Cash	<u>50.00</u>

TOTAL

\$6,863.10

Capital Improvement

NONE

TOTAL EXPENDITURES

\$6,863.10

**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 \_\_\_\_\_

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 Josh Rowland Date 10-10-96 By Patricia Stotman Date 11-10-96  
Title President Title Treasurer