



STATE OF ARIZONA
CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
FOREIGN / DOMESTIC

FOR FISCAL YEAR ENDING 10/31/1996 10/95

DUE ON OR BEFORE 02/15/1997

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: -0095356-2
Corporation Name: POSADA DEL SOL ASSOCIATION
Address: 7300 SUNDANCE TR
PO BOX 1251

CORPORATIONS DIV.
RECEIVED

City, State, Zip: CAREFREE AZ 85377-
Domicile: ARIZONA
Type: NON-PROFIT

MAR 04 1996

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

Arizona Statutory Agent: LOIS ONEILL
Street Address: 34 EASY ST
(NOT P.O. BOX) PO BOX 1190

City, State, Zip: CAREFREE AZ 85377-

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	\$ 4
Total	\$ 14

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

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

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

PRESIDENT: GREGORY MC KENNIS

VICE PRESIDENT: REX WHETSTONE

Address: 7321 SUNDANCE TRL

Address: 7323 SUNDANCE TRL

CAREFREE, AZ 85377-

CAREFREE, AZ 85377-

Date taking office: 02-03-90

Date taking office: 02-06-93

SECRETARY: BARBARA WILSON

TREASURER: GREGORY MC KENNIS

Address: 7329 SUNDANCE TRL

Address: 7321 SUNDANCE TRL

CAREFREE, AZ 85377-

CAREFREE, AZ 85377-

Date taking office: 02-06-93

Date taking office: 02-03-90

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



NAME: GREGORY MC KENNIS

NAME: REX WHETSTONE

Address: 7321 SUNDANCE TRL

Address: 7323 SUNDANCE TRL

CAREFREE, AZ 85377-

CAREFREE, AZ 85377-

Date taking office: 02-03-90

Date taking office: 02-05-85

NAME: BARBARA WILSON

NAME: JACK LE GOFF

Address: 7329 SUNDANCE TRL

Address: 7335 SUNDANCE TRL

CAREFREE, AZ 85377-

CAREFREE, AZ 85377-

Date taking office: 02-06-93

Date taking office: 02-06-93

OFFICERS

PRESIDENT

BEVERLY ANN DELON
7325 SUNDANCE TRAIL
P.O. BOX 2763
CAREFREE, AZ 85377
TAKING OFFICE 2/3/96

VICE PRESIDENT

JANE BISCHOFF
3423 E. CAMPBELL
CAREFREE, AZ 85377
TAKING OFFICE 2/3/96

SERETARY

KATHRYN BYLOW
7337 SUNDANCE TRAIL
P.O. BOX 5015
CAREFREE, AZ 85377
TAKING OFFICE 2/3/96

TREASURER

TOM HUME
7321 SUNDANCE TRAIL
P.O. BOX 1141
CAREFREE, AZ 85377

DIRECTORS

JACK LE GOFF
7335 SUNDANCE TRAIL
P.O. BOX 3696
CAREFREE, AZ 85377
TAKING OFFICE 2/3/96

DIRECTOR

JANE BISCHOFF
3423 E. CAMPBELL
CAREFREE, AZ 85377
TAKING OFFICE 2/3/96

DIRECTOR

KATHRYN BYLOW
7337 SUNDANCE TRAIL
P.O. BOX 5015
CAREFREE, AZ 85377
TAKING OFFICE 2/3/96

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	\$ <u>5,553.74</u>	
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		\$ <u>5553.74</u>

LIABILITIES

Current Liabilities:

Accounts Payable	\$ _____	
Mortgages, notes, bonds (payable in less than 1 year)	<u>5553.74</u>	
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		\$ <u>5553.74</u>

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 its 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 Beverly Delon Date 2/14/97 By _____ Date _____

Title _____ Title _____