



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

Arizona Corporation Commission



00086530

DUE ON OR BEFORE 12/02/1999

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 for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

1. WOODLAND PARK ESTATES HOMEOWNERS' ASSOCIATION
PO BOX 804
PINETOP, AZ 85935

Corporation File Number:

-0151926-6

Business Phone: _____

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: ROBERT D IRWIN
Street Address: 384 W ROCK LN
(NOT P.O. BOX)
City, State, Zip: PINETOP/LAKESIDE

MaryCarolynne Roush
461 W Pima Lane
Pinetop-lakeside 85929

AZ 85929-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee

\$

Penalty

\$

Reinstate

\$

Expedite

\$

Total

\$

FY99-00

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.

MaryCarolynne Roush

Signature of new Statutory Agent

RECEIVED

NOV 30 1999

3. Secondary Address:
(Foreign Corporations are
REQUIRED to complete
this section.)

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

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

Number of Shares/Certificates Authorized Class Series Within Class (if any)

Number of Shares/Certificates Issued Class Series Within Class (if any)

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.

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here ☐ and go on to Section 8.)

Name: ~~YVETTE R IRWIN~~ Mary Carolynne Roush Name: ALAN H ROUSH

Title: ~~PRESIDENT/CEO~~ Secretary/Treasurer Title: ~~VICE PRESIDENT~~

Address: 384 W ROCK LN 461 W Pima LN Address: 461 W PIMA LN
PINETOP, AZ - Lakeside Az 85929 Lakeside PINETOP, AZ - 85929

Date taking office: ~~09-01-97~~ 09-01-99 Date taking office: ~~09-01-97~~ 09-01-99

Name: BOB IRWIN William F Higgins Name: ~~BOB IRWIN~~

Title: SECRETARY Vice-President Title: ~~TREASURER~~

Address: 384 W ROCK LN 493 W Pima Ln Address: 384 W ROCK LN
PINETOP, AZ - Lakeside Az 85929 PINETOP, AZ -

Date taking office: ~~09-01-97~~ 09-01-99 Date taking office: ~~09-01-97~~

8. DIRECTORS (If no changes since last report, check here ☒ and go on to Section 9.)

Name: ALAN H ROUSH Name: _____

Address: 461 W PIMA LN Address: _____

LAKESIDE, AZ - _____

Date taking office: 09-01-97 Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

To - Corp. Comm - Annual Report (due Dec 1 99)?

Woodland Park Estates, H.O.A., Inc.
Yearly Financial Report
From Sept. 1st, 1998 through Aug. 30th, 1999

Beginning Balance	224.34
Transfer of Funds	300.00
Account Reconciliation	53.40
Deposits	8881.50
Earned Interest	50.60
Total	9509.84

Misc. Bank Charges	76.76
Taxes	742.04
AZ. Corp. Commision	10.00
Marine Bio-Chemist	430.91
Water Shares	360.00
Navapache Electric	272.47
Fish Stocking	1200.00
Landscaping	1103.86
Building Materials and Improvement	80.13
Subcontract Labor	775.00
Office Supplies	55.19
Newsletter	694.31
Postage	316.80
Wildlife Winter-Feed	234.50
H.O.A. Meeting (Food and Supplies)	181.39
Dumpster	920.27
Legal Services	408.00
Insurance	1100.00
AZ. Game and Fish	100.00
Fishing Badges	128.06
Member Cards	33.48
Post Office Box Rental	14.00
H.O. Dues-overpayment refund	92.40

Total Expenses 9327.57

Retained Earnings 180.27

Accounting Services Provided By

 Date 9-3-99

WOODLAND PARK ESTATES HOME OWNERS ASSOCIATION

◆◆◆
P.O. Box 804 ◆ Pinetop, Arizona 85935

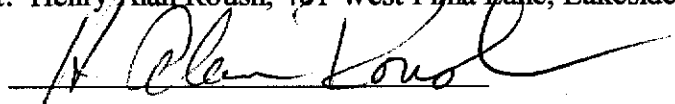
September 17, 1999

Arizona Corporation Commission
Corporations Division
1300 West Washington
Phoenix, Arizona 85007-2929

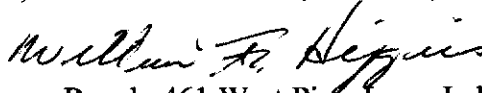
Dear Sir,

On September 4, 1999 our Woodland Park Estates Home Owners Association held the annual meeting. The following officers were elected:

President: Henry Alan Roush, 461 West Pima Lane, Lakeside, Arizona 85929



Vice President: William F. Higgins, 493 West Pima Lane, Lakeside, Arizona 85929
(Currently on vacation.)




Secretary/Treasurer: Mary Carolynne Roush, 461 West Pima Lane, Lakeside, Arizona
85929

We are replacing the former officers on our Corporation Forms.

Corporation File Number: -0151926-6 Non Profit

New Arizona Statutory Agent: Mary Carolynne Roush
461 West Pima Lane
Pinetop/Lakeside Arizona 85929


Signature

If there is anything else that we need to do, please contact us.

Thank you,

Carolynne Roush
Secretary

Enclosed is the form Statement of Resignation of Statutory Agent signed and a filing fee: \$10.00.

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Only nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only

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 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 profit 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; 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). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box must be marked:

YES ☐

NO ☒

If YES, enter the following:

Chapter _____ Date Filed _____ Case Number _____

If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures 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 MaryCarolynne Roush Date 11-26-99 Name _____ Date _____

Signature MaryCarolynne Roush Signature _____

Title Secretary - Treasurer Title _____

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