



Arizona Corporation Commission



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FY01-02

FILING FEE \$10.00

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MAR 29 2002

**ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION**

1. -0858941-9

THE GROVES AT SOUTH MOUNTAIN COMMUNITY ASSOCIATION
4645 E. Cotton Gin Loop
PHOENIX, AZ 85040 85040

Business Phone:

State of Domicile: ARIZONA

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent:

PATTI GARVIN

Street Address:

PHOENIX, AZ 85004 4645 E. Cotton Gin Loop
85040

PHOENIX, AZ ~~85604~~XXXXXX

City, State, Zip:

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$_____

Rainstate \$

Expenditure \$ _____

Resultat 3

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.

Signature of new Statutory Agent

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MAY 13 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

3. Secondary Address:

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

BUSINESS CORPORATIONS

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

NON-PROFIT CORPORATIONS

1. ☐ Charitable
2. ☐ Benevolent
3. ☐ Educational
4. ☐ Civic
5. ☐ Political
6. ☐ Religious
7. ☐ Social
8. ☐ Literary
9. ☐ Cultural
10. ☐ Athletic
11. ☐ Science/Research
12. ☐ Hospital/Health Care
13. ☐ Agricultural
14. ☐ Animal Husbandry
15. ☒ Homeowner's Association
16. ☐ Professional, commercial
17. ☐ Industrial or trade association
18. ☐ Other

THE GROVES AT SOUTH MOUNTAIN COMMUNITY ASSOCIATION FILE # 0858941-9

OFFICERS & DIRECTORS

NAME Robert Guidry
TITLE President
ADDRESS 2623 E. Gary Way
CITY, STATE, ZIP Phoenix, AZ 85040
DATE TAKING OFFICE

NAME Harry Hiller
TITLE Vice President
ADDRESS 7814 S. 26th St.
CITY, STATE, ZIP Phoenix, AZ 85042
DATE TAKING OFFICE

NAME Ben Buchsieb
TITLE Treasurer
ADDRESS 16415 S. 34th Way
CITY, STATE, ZIP Phoenix, AZ 85048
DATE TAKING OFFICE

NAME Brian Hushok
TITLE Secretary
ADDRESS 2709 E. Beverly Rd
CITY, STATE, ZIP Phoenix, AZ 85042
DATE TAKING OFFICE

NAME Gary Buchholz
TITLE Member at Large
ADDRESS 2736 E. Gary Way
CITY, STATE, ZIP Phoenix, AZ 85042
DATE TAKING OFFICE

NAME
TITLE Member at Large
ADDRESS
CITY, STATE, ZIP
DATE TAKING OFFICE

0858941-9

GROVES @ SOUTH MOUNTAIN HOMEOWNERS ASSOCIATION**Balance Sheet****As of 12/31/01****ASSETS**

Operating-1st Natl Bank of AZ	\$	20,189.47
Oper. CD Mtr 07/26/02 1YR@4.5%		5,000.00
Rev Cash M/M Int Rate 2.47%		8,302.57
Assessment Receivable		3,528.00
Other Receivable		2,510.10
Prepaid Insurance		772.51
Deposits Paid		400.00
TOTAL ASSETS		\$ 40,702.65

LIABILITIES & EQUITY**CURRENT LIABILITIES:**

Accounts Payable	\$	739.52
Accrued Income Tax		50.00
Prepaid Assessments		11,824.00
Subtotal Current Liab.		\$ 12,613.52

RESERVES:

Reserve per Rev Study 1/4/01	\$	8,196.00
Subtotal Reserves		\$ 8,196.00

EQUITY:

Retained Earnings	\$	19,286.49
Current Year Net Income/(Loss)		606.64
Subtotal Equity		\$ 19,893.13

TOTAL LIABILITIES & EQUITY		\$ 40,702.65
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9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

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 ☒

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 name and address of each corporation and the person or persons involved. 2) The state in which each corporation was incorporated or 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 ROBERT C. ALLEN GUDRY Date 3/20/02 Name _____ Date _____

Signature Robert C. Allen Gundry Signature _____

Title President Title _____

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