



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

Arizona Corporation Commission



00514316

DUE ON OR BEFORE 04/11/2002

FY01-02

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. -0188186-4
OAKWOOD HILLS HOMEOWNER'S ASSOCIATION, INC.
~~P.O. BOX 3070~~ C/O Bernard/Allison Management
~~CHANDLER, AZ 85224~~ 2400 E. Arizona Biltmore Circle, Ste. 1400
Phoenix, AZ 85016

Business Phone: 602-846-8337

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

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APR 19 2002

2. Arizona Statutory Agent: DAVID E JOHN
Street Address: 2235 N WASHINGTON
CHANDLER, AZ 85228

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

City, State, Zip:

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 40
Penalty \$
Reinstate \$
Expedite \$
Resubmit \$

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.

Signature of new Statutory Agent

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3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section.)

JUN - 4 2002

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. Barber/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 |

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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. **Please Type or Print Clearly.**

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

Name: MARY KRAUSMAN

Title: PRESIDENT

Address: 19 OAKWOOD HILLS DR

CHANDLER AZ 85248

Date taking office: 2000

Name: _____

Title: _____

Address: _____

Date taking office: _____

Name: SANDRA WHITE

Title: VICE PRESIDENT

Address: 26 OAKWOOD HILLS DR

CHANDLER AZ 85248

Date taking office: 1999

Name: _____

Title: _____

Address: _____

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

Name: GARY THOMPSON

Address: 17 OAKWOOD HILLS DR

CHANDLER AZ 85248

Date taking office: 2000

Name: BILL SHEPPARD

Address: 30 OAKWOOD HILLS DR

CHANDLER AZ 85248

Date taking office: 2001

Name: BOB HOAG

Address: 1 OAKWOOD HILLS DR

CHANDLER AZ 85248

Date taking office: 2001

Name: _____

Address: _____

Date taking office: _____

Oakwood Hills Homeowners Assn

Balance Sheet

As of 12/31/01

0188 186-4

ASSETS

CASH:

Cash Checking - VC 0680	\$	13,055.24	
VC MM 0889 - Refund Deposits		50,144.33	
Total Operating Cash			63,200.07

RESERVES:

Cash Reserves - VC MM 9220	\$	30,217.28	
Total Reserves			30,217.28

CURRENT ASSETS:

Assessments Receivable	\$	(7,200.00)	
Late Fees Receivable		60.00	
Landscape Reimb. Rec		3,865.67	
Misc. Owner Receivables		60.00	
Owner Admin. Fees Receiv.		20.00	
Rebidding Fee Receivable		10.00	
Total Current Assets			(3,184.33)

TOTAL ASSETS		\$	90,233.02
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LIABILITIES & EQUITY

CURRENT LIABILITIES:

Accounts Payable	\$	1,026.98	
Prepaid Owner Assessments		15,265.42	
Construction Dep/Jason/Honnie		5,000.00	
Construction Deposit-Vlaicevic		2,718.28	
Construction Deposit - Klink		10,000.00	
Construction Deposit - Lewis		10,000.00	
Construction Deposit - Saunders		10,000.00	
Construction Deposit - Lloyd		10,000.00	
Subtotal Current Liab.			64,010.68

RESERVES:

Reserves - Unallocated	\$	30,217.28	
Subtotal Reserves			30,217.28

EQUITY:

Prior Year Net Inc./Loss	\$	12,520.33	
Current Year Net Income/(Loss)		(16,515.27)	
Subtotal Equity			(3,994.94)

TOTAL LIABILITIES & EQUITY		\$	90,233.02
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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.

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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 names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was 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 _____	Date _____	Name <u>Mary Krausman</u>	Date <u>4/15/02</u>
Signature _____		Signature <u>Mary Krausman</u>	
Title _____		Title <u>President</u>	

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