



Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

- ☒ Filing Fee \$20 - Gross Revenue less than \$500,000  
☐ Filing Fee \$60 - Gross Revenue meets or exceeds \$500,000  
☐ To Expedite Filing, Add \$50

**NONPROFIT CORPORATION ANNUAL REPORT**  
**RCW 24.03A & RCW 23.95.255**

All fields **REQUIRED** unless otherwise specified

(1) **Business Name:** CARNAHAN CREST OWNERS ASSOCIATION

(2) **UBI No.:** 601 251 072 **FEIN:** 91-2023692

(3) **Has your registered agent changed? (Check one)** ☒ **YES** ☐ **NO** If Yes, complete page 3

(4) **GROSS REVENUE:**

Did the Nonprofit Corporation's gross revenue meet or exceed \$500,000 in the most recent fiscal year?

(Check one) ☐ **YES** ☒ **NO**

(5) **PRINCIPAL OFFICE:** The location where the business's records are kept

**Street Address**

(Must be a physical address; No PO Box or PMB)

**Address:** 1800 S VIEWCREST LN

**Zip:** 99212-3216 **City:** SPOKANE VALLEY

**State:** WA **Country:** USA

**Mailing Address (optional)**

☒ Check if mailing address is the same as street address

**Address:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** 206-434-9155

**Email:** GARY.TEALE@COMCAST.NET

(6) **Governor(s):** List at least one, attach additional pages if necessary. A business cannot serve as its own Governor

**Name:** THOMAS HIX

**Name:** GARY TEALE

**Name:** TED CLARK

**Name:** \_\_\_\_\_

(7) **Nature of Business:** Briefly describe the type of business your business conducts in the state of Washington  
HOMEOWNERS ASSOCIATION

(8) **RENEWAL OF PUBLIC BENEFIT DESIGNATION:** **RCW 24.03A.245/250**

1. Is the Nonprofit Corporation currently designated as a Public Benefit Corporation with the Office of the Secretary of State? (Check one) ☐ **YES** ☒ **NO**

2. If "yes", does the Nonprofit Corporation still meet the requirements to maintain its Public Benefit designation?  
(Check one) ☐ **YES** ☐ **NO** If "no" is selected the Nonprofit will not maintain the designation of a Public Benefit Corporation

2a. If "yes", does the Nonprofit Corporation still elect to have the Public Benefit Designation?

(Check one) ☐ **YES** ☐ **NO**



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**(9) CHARITABLE NONPROFIT CORPORATION:**

Is the Nonprofit Corporation a Charitable Nonprofit as defined by [RCW 24.03A.010\(5\)](#)? (Check one) ☐ YES ☒ NO

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**(10) REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION:**

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)?

(Check one) ☐ YES ☐ NO If "no" the reporting questions below are required to be answered

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**(11) REPORTING QUESTIONS:**

*If submitting the Annual Report for a Foreign Nonprofit Corporation or Foreign Nonprofit Professional Service Corporation only question 2 is required.*

1. Has the Nonprofit Corporation filed an Amendment in the last year that changed one or more purposes of the corporation recorded in its initial Articles of Incorporation? (Check one) ☐ YES ☐ NO
2. Has the Nonprofit Corporation operated a significant program or activity that is different from:
  - a. A program or activity that the Nonprofit has previously operated; and
  - b. A program or activity described in the most recent application for recognition of exemption from federal tax income? (Check one) ☐ YES ☐ NO

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**(12) Controlling Interest** [RCW 82.45.220](#) Answer all questions below

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements? ☐ YES ☒ NO
2. In the past 12 months, has there been a transfer of at least 16 ⅔ percent of the ownership, stock, or other financial interest in the entity? ☐ YES ☒ NO
  - 2a. If "yes", in the past 36 months, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity? ☐ YES ☒ NO
3. If you answered "yes" to question 2a, has the controlling interest transfer return been filed with Department of Revenue? ☐ YES ☐ NO

*For more information on Controlling Interest, contact Department of Revenue by visiting [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)*

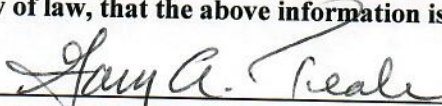
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**(13) POSTAL MAIL OPT-IN:** By checking the box the business and Registered Agent will not receive email notifications

☐ The business wants to receive all notifications to the Registered Agent by postal mail

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**(14) I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.**

Signature of Authorized Person:  Date: 01/08/2022

Print Name and Title (if applicable): GARY TEALE, TREASURER

Phone: (optional) 206-434-9155

Email: (optional) GARY.TEALE@COMCAST.NET

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**NEW REGISTERED AGENT:****COMMERCIAL REGISTERED AGENT: RCW 23.95.420**

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a business. The Commercial Registered Agent's address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) ☐ Yes ☒ No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

**NON-COMMERCIAL REGISTERED AGENT**

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- If a **business** is serving as the Registered Agent, only provide the name of the business below.
- If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: TREASURER

Phone: 206-434-9155

Email: GARY.TEALE@COMCAST.NET

**Registered Agent Street Address (required)**  
(Must be a physical address; No PO Box or PMB)

Country: United States State: Washington

Address : 1800 S VIEWCREST LN

Zip: 99212-3216 City: SPOKANE VALLEY

**Registered Agent Mailing Address (optional)**

☒ Check if mailing address is the same as street address

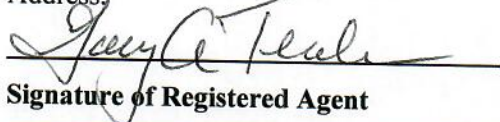
Country: United States State: Washington

Address : \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

  
Signature of Registered Agent

GARY TEALE/TREASURER  
Printed Name/Title

01/08/2022  
Date