WASHINGTON
Secretary of State
Corporations & Charities Division

Contact Information
Tel: 360.725.0377
www.sos.wa.gov/corps

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 ASSOCATION

(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**

(9) CHARITABLE NONPROFIT CORPORATION:

Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(5)? **(Check one)** ☐ **YES** ☑ **NO**

(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***

(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**

(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

(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

(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: Gary A. Teale **Date:** 01/08/2022

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

Phone: (*optional*) 206-434-9155 **Email:** (*optional*) GARY.TEALE@COMCAST.NET

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.

Gary C Teale — GARY TEALE/TREASURER — 01/08/2022

Signature of Registered Agent | **Printed Name/Title** | **Date**