AZ Corp. Commission
01704255

WEB FORM COPY

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

**DUE ON OR BEFORE** 09/12/2006 FY06-07 **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 on page 4 for proper format.**

**RECEIVED**

SEP 15 2006

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0092316-4
6100 FIFTH CONDOMINIUM
% TUCSON REALTY & TRUST CO
PO BOX 57610
TUCSON, AZ 85732-7610

*** MISSING 2005 ANNUAL REPORT; QUESTIONS? CALL THE COMMISSION AT 602-542-3285!**

**Business Phone:** _____ (Business phone is optional.)

**State of Domicile:** ARIZONA **Type of Corporation:** NON-PROFIT

2. Statutory Agent: LYN SEMON
Mailing Address: P O BOX 57610
City, State, Zip: TUCSON AZ 85732-7610

Physical Address, If Different.
Physical Address: 4803 E FIFTH ST
City, State, Zip: TUCSON AZ 85711

**ACC USE ONLY**
Fee $ 10 IPR
Penalty $ 9/15/06
Reinstate $_____
Expedite $_____
Resubmit $_____

***Use this box only if appointing a new Statutory Agent***

*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.*

Lyn Semon
Signature of *new* Statutory Agent
LYN SEMON
Printed Name of *new* Statutory Agent

3. **Secondary Address:**

(Foreign Corporations are **REQUIRED** to complete this section).

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

BUSINESS CORPORATIONS

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

**5a.** Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized.**

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

**5b.** Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued.**

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 PRINT OR TYPE CLEARLY.

**Name:** _____ **Name:** _____

NONE ☒

**Name:** _____ **Name:** _____

**7. OFFICERS** PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

**Name:** 6100-President
**Title:** DALE BUSSELL
**Address:** 6120 E FIFTH STREET #A-108, TUCSON AZ 85711

Date taking office: 5-05-06

**Name:** 6100-VP Vice President
**Title:** DEBBIE HAUCK
**Address:** 6120 E FIFTH STREET #A115, TUCSON AZ 85711

Date taking office: 5-06-06

**Name:** 6100-Secretary
**Title:** SYLVAN ELDRINGHOFF
**Address:** 6120 E FIFTH ST #A-105, TUCSON AZ 85711

Date taking office: 5-05-06

**Name:** LYN SEMON Treasurer
**Title:** 4803 E 5TH ST ~ STE 215
**Address:** TUCSON AZ 85711-2112

Date taking office: 5-6-06

**8. DIRECTORS** PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

**Name:** 6100-Member
**Address:** SYLVIA BLOUNT
6120 E FIFTH ST #B-117
TUCSON AZ 85711

Date taking office: 5-05-06

**Name:** _____
**Address:** _____

Date taking office: _____

**Name:** _____
**Address:** _____

Date taking office: _____

**Name:** _____
**Address:** _____

Date taking office: _____

**Name:** _____
**Address:** _____

Date taking office: _____

# Trial Balance (Cash)
## 6100 E FIFTH STREET CONDOS - (L6100E)
## Months: Sep 2006



| | | Balance Forward | Debit | Credit | Ending Balance |
|---|---|---|---|---|---|
| 1110 | Cash-Checking | 86,479.99 | 1,011.58 | | 87,491.57 |
| 1115 | Cash in Bank-2 | 6,608.77 | | | 6,608.77 |
| 1118 | Cash in Bank-5 | 1,158.31 | | | 1,158.31 |
| 1120 | Impound/Escrow | 5,200.19 | | | 5,200.19 |
| 2212 | Loan Payable | -30,000.00 | | | -30,000.00 |
| 2601 | Prev yrs transfer from | -6,600.00 | | | -6,600.00 |
| 2602 | Prev yrs transfer to | 48.79 | | | 48.79 |
| 2609 | Previous yrs interest | -3,091.18 | | | -3,091.18 |
| 2610 | Interest | 400.76 | | | 400.76 |
| 2611 | Savings to checking (JE) | 60,790.46 | | | 60,790.46 |
| 2615 | Tran savings to checking | -65,190.46 | | | -65,190.46 |
| 2623 | Trans to Contingency Res | 1,400.12 | | | 1,400.12 |
| 2625 | Transfer to savings | 59,918.63 | | | 59,918.63 |
| 2627 | Checking to savings (JE) | -69,408.76 | | | -69,408.76 |
| 2628 | Bank Charges Saving Acct | 253.00 | | | 253.00 |
| 2630 | Beg. Balance/SUSPENSE | -11,948.73 | | | -11,948.73 |
| 2710 | Retained Earnings | -63,544.39 | | | -63,544.39 |
| 3110 | Association Dues | -17,733.84 | | 3,222.66 | -20,956.50 |
| 3310 | Other income | -1,368.55 | | | -1,368.55 |
| 3411 | Late Fee | -207.46 | | 20.00 | -227.46 |
| 4010 | Management Commission | 1,050.00 | 350.00 | | 1,400.00 |
| 4025 | Legal | -946.35 | | 7.30 | -953.65 |
| 4030 | License & Permits | 10.00 | | | 10.00 |
| 4040 | Office Supplies | 121.09 | 12.74 | | 133.83 |
| 4050 | Postage | 19.50 | 26.01 | | 45.51 |
| 4051 | Printing | 98.88 | 26.16 | | 125.04 |
| 4055 | Office Expenses | 3.50 | 3.50 | | 7.00 |
| 4090 | Other Administration | 29,805.22 | | | 29,805.22 |
| 4091 | Other Admin - Misc | 431.13 | | | 431.13 |
| 4110 | Maintenance Payroll | 155.00 | | | 155.00 |
| 4130 | Payroll Taxes | 16.21 | | | 16.21 |
| 4135 | Workmans Compensation | 6.19 | | | 6.19 |
| 4205 | Electric | 1,128.67 | | | 1,128.67 |
| 4210 | Gas | 124.40 | | | 124.40 |
| 4215 | Water & Sewer | 3,942.96 | 1,318.97 | | 5,261.93 |
| 4305 | Refuse Contract | 1,008.00 | 336.00 | | 1,344.00 |
| 4310 | Pool Contract | 499.85 | 165.00 | | 664.85 |
| 4320 | Landscape Contract | 3,750.00 | | | 3,750.00 |
| 4412 | Irrigation | 70.00 | | | 70.00 |
| 4447 | STUCCO REPAIR | 3,500.00 | | | 3,500.00 |
| 4505 | Hardware Supplies | 15.08 | | | 15.08 |
| 4515 | Pool Supplies | 43.24 | | | 43.24 |
| 4560 | Lighting Supplies | 25.73 | | | 25.73 |
| 4610 | State Taxes | 50.00 | | | 50.00 |
| 4630 | Insurance | 1,906.05 | | | 1,906.05 |
| | | 0.00 | 3,249.96 | 3,249.96 | 0.00 |

**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**
Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6)**

Only Nonprofit Corporations must answer this question.

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/or 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 business 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.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
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.

**11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)**

A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: **YES** ☐ **NO** ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

**[Underlined portion pertains to business corporations only]** One box **must** be marked: **YES** ☐ **NO** ☒

**If "YES" to A and/or B, 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. (e.g. officer. director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they 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** Lyn Semon **Date** 9-14-06 **Name** _____ **Date** _____

**Signature** Lyn Semon **Signature** _____

**Title** Treasurer/agent **Title** _____

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