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

AZ Corp. Commission
02098840

DUE ON OR BEFORE 09/12/2007 **FY07-08** **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
JUL 26 2007
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

Business Phone:_____ (Business phone is optional.)

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

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

Physical Address, If Different.
Physical Address: 4803 E 5TH ST
City, State, Zip: TUCSON, AZ 85711

ACC USE ONLY
Fee $_____
Penalty $_____
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.

_____
Signature of *new* Statutory Agent

_____
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 industrial 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 Type or Print Clearly.**

Name: _____ **Name:** _____

NONE ☐

Name: _____ **Name:** _____

7. OFFICERS **Please Type or Print Clearly. You Must List at Least One.**

Name: Debbie HAUCK
Title: PRESIDENT
Address: 6120 E. 5th STREET A-115
TUCSON, AZ 85711
Date taking office: 6-11-07

Name: SYLVIA BLANT
Title: V-President
Address: 6120 E. 5th STREET B-117
TUCSON, AZ 85711
Date taking office: 6-11-07

Name: LINDA KUSHNIERUK
Title: SECRETARY
Address: 6120 E. 5th STREET B-137
TUCSON, AZ 85711
Date taking office: 6-11-07

Name: TRACY OWENS
Title: TREASURER
Address: 6120 E. 5th STREET C-130
TUCSON, AZ 85711
Date taking office: 6-11-07

8. DIRECTORS **Please Type or Print Clearly. You Must List at Least One.**

Name: DANIEL MARTIN
Address: 5257 N. STONEHOUSE PLACE
TUCSON, AZ 85711
Date taking office: 6-11-07

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Balance Sheet

May 2007
Books = Cash

	May 2007
ASSETS	
CASH AND CASH EQUIVALENTS	
Cash In Bank - 1	50,230
Cash In Bank - 2	8,642
Escrow/Impounds	5,225
TOTAL CASH AND CASH EQUIVALENTS	**64,097**
TOTAL ASSETS	64,097

Trial Balance

For The Period June 2006 - May 2007
Books = Cash

Account	Description	Balance Forward	Debit	Credit	Ending Balance
1110	Cash In Bank - 1	113,147		62,917	50,230
1111	Cash In Bank - 2	5,099	3,543		8,642
1114	Cash In Bank - 5	1,618		1,618	0
1121	Escrow/Impounds	5,190	35		5,225
2137	Loan Payable	-30,000			-30,000
3235	Prior Year Transfer From	-6,600			-6,600
3236	Prior Year Transfer To	49			49
3240	Transfer	58,419	3,500		61,919
3250	Transfer - Savings to Checking	-65,190			-65,190
3251	JE - Savings To Checking	60,790	1,139		61,929
3260	Transfer - Checking to Savings	0		1,139	-1,139
3261	JE - Checking to Savings	-67,909		3,500	-71,409
3282	Transfer To Contingency Reserve	1,400			1,400
3610	Beginning Balance/Suspense	-11,946		3	-11,949
3700	Bank Charges	217	48		265
3720	Interest Earned	427		89	338
3730	Prior Year Interest	-3,091			-3,091
3800	Retained Earnings	-61,621			-61,621
4810	Association Dues	0		67,656	-67,656
5320	Passthru Insurance	0	2,249		2,249
5610	Other Property Income	0		1,369	-1,369
5635	Special Assessment 1	0		300	-300
5681	Late Fees 1	0		560	-560
7410	Management Fee	0	4,200		4,200
7411	Licenses/Fees/Permits	0	111		111
7417	Office Supplies	0	296		296
7418	Owner Office Expense	0	16		16
7420	Other Administration	0	29,805		29,805
7430	Bank Charges	0	12		12
7439	Backflow	0	80		80
7443	Petty Cash Expense	0	112		112
7451	Postage	0	103		103
7452	Printing	0	191		191
7453	Legal Fees	0	11,441		11,441
7459	Other Administration - Misc	0	431		431
7510	Maintenance Payroll	0	870		870
7525	Landscape Payroll	0	586		586
7840	Workers' Compensation	0	37		37
7850	Payroll Taxes	0	97		97
8035	Refuse - Contract	0	2,688		2,688
8123	Painting - Supplies	0	131		131

Trial Balance

For The Period June 2006 - May 2007
Books = Cash

Account	Description	Balance Forward	Debit	Credit	Ending Balance
8124	Stucco - Repairs	0	19,500		19,500
8130	Plumbing - Repairs	0	268		268
8131	Plumbing - Supplies	0	16		16
8135	Electrical - Repairs	0	299		299
8137	Electrical - Supplies	0	93		93
8139	Lighting - Supplies	0	60		60
8140	Pool/Jacuzzi - Contract	0	1,988		1,988
8142	Pool/Jacuzzi - Repairs	0	351		351
8143	Pool/Jacuzzi - Supplies	0	194		194
8174	Exterior - Roof Repairs	0	79		79
8179	Exterior - Maintenance/Repair	0	580		580
8181	Exterminating - Supplies	0	3		3
8184	Hardware - Supplies	0	18		18
8198	Other Repairs & Maintenance	0	221		221
8260	Landscape/Irrigation - Contract	0	20,915		20,915
8261	Landscape/Irrigation - Repairs	0	540		540
8310	Electricity	0	4,458		4,458
8320	Gas	0	500		500
8340	Water & Sewer	0	15,807		15,807
8410	Real Estate/Property Tax	0	15		15
8425	Insurance	0	11,414		11,414
8450	State Tax	0	50		50
9030	Roof Repairs/Replacement	0	63		63
		0	**139,151**	**139,151**	**0**

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 DEBRA A HAUCK **Date** 7/25/07 **Name** _____ **Date** _____

Signature DeHauck **Signature** _____

Title _____ **Title** _____

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