



COPY

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

AZ Corp. Commission
02397903

DUE ON OR BEFORE 04/20/2008

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

1. -0099513-2
VELDA ROSE ESTATES HOMEOWNERS ASSOCIATION
5770 E COLBY RD
MESA, AZ 85205

APR 21 2008

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

* AD-DISSOLVED-UNDELIVERABLE ADDRESS 11/26/2007; CONTACT THE COMMISSION AT 602-542-3135!

Business Phone: _____ (Business phone is optional.)

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

2. **Statutory Agent:** CHARLES E MAXWELL **Physical Address, If Different.**
Mailing Address: 2500 S POWER RD #103 **Physical Address:**
City, State, Zip: MESA, AZ 85209 **City, State, Zip:**

ACC USE ONLY	
Fee	\$ 10
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

NON-PROFIT 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 _____

- 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.

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.

Name: NONE [checked] Name: Name: Name:

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

Name: SANDY LENZ - PRESIDENT

Name: GLORIA DENBEN

Title: PRESIDENT

Title: TREASURER

Address: 6357 E UNIVERSITY DR MESA, AZ 85205

Address: 162 N 65TH PL MESA, AZ 85205

Date taking office: 12/07

Date taking office: 2/08

Name: ROBERT RUSSELL

Name:

Title: VICE PRESIDENT

Title:

Address: 6251 E BOSTON MESA, AZ 85205

Address:

Date taking office: 12/07

Date taking office:

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

Name: RON LINDSTROM

Name: SEE ATTACHED LIST

Address: 5801 E COLBY MESA, AZ 85205

Address:

Date taking office: 12/06

Date taking office:

Name: EARNEST NEAL

Name:

Address: 5651 E CICERO MESA, AZ 85205

Address:

Date taking office: 12/05

Date taking office:

**LIST OF OFFICERS AND DIRECTORS FOR
VELDA ROSE ESTATES HOMEOWNERS ASSOCIATION**

OFFICERS

TITLE	NAME	ADDRESS	DATE TAKEN OFFICE
PRESIDENT	SANDY LENZ	6357 E UNIVERSITY MESA AZ 85205	12/07
VICE PRESIDENT	ROBERT RUSSELL	6251 E BOSTON, MESA AZ 85205	12/07
SECRETARY	KRISTINA MILES	5706 E COLBY, MESA, AZ 85205	04/08
TREASURER	GLORIA DENESEN	162 N 65 TH PL MESA, AZ 85205	02/08

DIRECTORS

NAME	ADDRESS	DATE TAKEN OFFICE
MARGIE NAGEL	5724 E COLBY MESA AZ 85205	12/06
EARNET NEAL	5651 E CICERO, MESA AZ 85205	12/05
RON LINDSTROM	5801 E COLBY MESA, AZ 85205	4/06
WILLIAM BODZIOCH	6224 E BILLINGS, MESA, AZ 85205	12/08
JIM BAUMAN	423 N 56 TH MESA, AZ 85205	4/08
CAROL RICHARDS	6235 E ANAHEIM MESA, AZ 85205	2/08

VELDA ROSE ESTATES HOA FINANCIAL REPORT FOR 2007

RECEIPTS

TRANSFER FEES	2,950.
CLUB FEES, RENTAL	305.
CERAMICS	248.
ADS	250.
VEGAS NIGHT	1,119.
DUES 2007	57,436.

TOTAL \$62,057.86

EXPENSES

NEWSLETTER	2,096.
PHONE BOOK	2,380.
OFFICE SUPPLIES	923.
CERAMICS	600.
CLEANING SERVICE	5,400.
SRP	7,564.
POOL MAINTENANCE	9,453.
MAJOR REPAIRS	12,647.
CITY OF MESA	6,073.
S.W. GAS	10,974.
CLUB EXPENSES	1,328.
PERMITS	350.
LEGAL SERVICES	420.
US POST OFFICE	175.
CHARITY	168.
INSURANCE	6,288.
RURAL METRO	2,026.
BIRTHDAY PARTY	379.
CHRISTMAS TEA (06)	117.
TREE REMOVAL	450.
MISC EXPENSES	1,275.

TOTAL \$70,506.

CHECKING ACCOUNT \$26,168.31

MONEY MARKET \$55,079.60

TOTAL \$81,247.91

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. | 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, 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 SANDRA K. LENZ Date 4-18-08 Name GLORIA DENESEN Date 4/18/08
 Signature Sandra K. Lenz Signature Gloria M. Densen
 Title PRESIDENT Sandra K. Lenz Title TREASURER
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)