



COPY

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

AZ Corp. Commission
00910016

DUE ON OR BEFORE 04/05/2004

FY03-04

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

APR 12 2004

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. **-0128178-7**
THE COLONY SOUTH HOMESOWNERS ASSOCIATION
% CUELLAR REALTY SERVICES INC
3620 N 3RD ST
PHOENIX, AZ 85012-2020

1625 E NORTHERN AVE #200
PHOENIX AZ 85020

Business Phone: _____ (Business phone is optional.)

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

2. **Statutory Agent: CUELLAR REALTY SERVICES INC**
Mailing Address: 1625 E NORTH IERN AVE #200
City, State, zip: PHOENIX AZ 85020

Physical Address, If Different.
Physical Address: 1625 E NORTHERN AVE #200
City, State, Zip: PHOENIX AZ 85020

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee \$	10.00
Penalty \$	
Reinstate \$	
Expedite \$	
Resubmit \$	

*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 | |
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 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 examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. 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 **Authorized** Class Series Within Class (if any)
N/A

Number of Shares/Certificates **Issued** Class Series Within Class (if any)
N/A

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.

NONE Name: _____ Name: _____
Name: _____ Name: _____

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

Name: _____ Name: SEE ATTACHED SCHEDULE
Title: _____ Title: _____
Address: _____ Address: _____

Date taking office: _____ Date taking office: _____
Name: _____ Name: _____
Title: _____ Title: _____
Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

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

Name: _____ Name: SEE ATTACHED SCHEDULE
Address: _____ Address: _____

Date taking office: _____ Date taking office: _____
Name: _____ Name: _____
Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

**COLONY SOUTH HOMEOWNER'S ASSOCIATION
BOARD OF DIRECTORS
2003**

OFFICERS & DIRECTORS: **DATE ELECTED - 2/26/2004 Annual Meeting**
PRESIDENT **RON JONES**

VICE PRESIDENT **PATRICIA YOUNG**

TREASURER **JACKIE PETTYCREW**

MEMBER-AT-LARGE **BILLIE MILLS**

Addresses for the above:

3 **CUELLAR REALTY SERVICES**
1625 E NORTHERN AVE #200
PHOENIX AZ 85020

C & J Raymond, CPAs, LLP

Clyde H. Raymond, CPA
Joann Raymond, CPA

Members of AMERICAN INSTITUTE OF CPAs (AICPA)
Member of COMMUNITY ASSOCIATIONS INSTITUTE (CAI)
6728 East Avalon Drive, Suite A, Scottsdale, AZ 85251-7100

Phone: (480) 949-7862
Fax: (480) 675-0132
Web: www.raymondcpa.com

March 11, 2004

Arizona Corporation Commission ✓

Re: Annual report of The Colony South Homeowners Association
As of December 31, 2003

We have compiled the statement of financial condition - balance sheet (Section 9) on the cash basis of the above named corporation for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements of Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is representation of management. We have not audited or reviewed the financial statement referred to above and, accordingly, do not express an opinion or any other form of assurance.

This financial statement is presented in accordance with the requirements of the Arizona Corporation Commission, which differs from generally accepted accounting principles. Accordingly, this financial statement is not designed for those who are not informed about such differences.

C & J Raymond, CPAs, LLP

Certified Public Accountants

BALANCE SHEET
(Cash Basis)

ASSETS

Current Assets:

Cash	<u>\$70,425</u>	
Trade notes and accounts receivable (less allowance for bad debts)	<u> </u>	
Inventories	<u> </u>	
Other current assets	<u> </u>	
Total Current Assets		<u>\$70,425</u>
Land, buildings and other fixed assets (net of accumulated depreciation)	<u> </u>	
Other long-term assets	<u> </u>	
Total Assets		<u><u>\$70,425</u></u>

LIABILITIES

Current Liabilities:

Accounts Payable	<u>\$0</u>	
Mortgage, notes bonds (payable in less than 1 year)	<u> </u>	
Other current liabilities	<u> </u>	
Total Current Liabilities		<u>\$0</u>
Mortgage, notes bonds (payable in more than 1 year)	<u> </u>	
Fund Balances:		
Restricted	<u> </u>	
Unrestricted	<u>\$70,425</u>	
Total Fund Balances		<u>70,425</u>
Total Liabilities and Fund Balances		<u><u>\$70,425</u></u>

Unaudited - see Accountants' Compilation Report.

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 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 COLONY SOUTH HOA Date 4/3/04 Name _____ Date _____
 Signature [Signature] Signature _____
 Title TREASURER Title _____

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