



WEB FORM
 COPY

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



DUE ON OR BEFORE 04/22/2006 FY05-06 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.

1. -0128579-9
 REGENCY HOUSE ASSOCIATION
~~7740 N 16TH ST STE 300~~
~~PHOENIX, AZ 85020~~ →

Jomar Association Services
 1514 West Todd Drive, Suite B103
 Tempe, AZ 85283

* DELINQUENT ANNUAL REPORT 10/24/2006; CONTACT THE COMMISSION AT 602-542-3285!

Business Phone: _____ (Business phone is optional.)
 State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

RECEIVED

2. Statutory Agent: Jan Lines Physical Address, if Different:
 Mailing Address: 1514 W. Todd Dr., Suite B103 Physical Address:
 City, State, Zip: Tempe, AZ 85283 City, State, Zip:

JAN 10 2007

ARIZONA CORP COMMISSION
 CORPORATIONS DIVISION

ACC USE ONLY

Fee \$ _____
 Penalty \$ _____
 Reinstatement \$ _____
 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.

X Jan Lines
 Signature of new Statutory Agent

Jan Lines
 Printed Name of new Statutory Agent

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ARIZONA CORP COMMISSION
 CORPORATIONS DIVISION

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 |
|--|---|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Educator | <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input checked="" type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 16. Professional, commercial |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 16. Industrial or trade association |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 19. Legal Services | |
| <input type="checkbox"/> 20. Manufacturing | |
| <input type="checkbox"/> 21. Mining | |
| <input type="checkbox"/> 22. News Media | |
| <input type="checkbox"/> 23. Pharmaceutical | |
| <input type="checkbox"/> 24. Publishing/Printing | |
| <input type="checkbox"/> 25. Ranching/Livestock | |
| <input type="checkbox"/> 26. Real Estate | |
| <input type="checkbox"/> 27. Restaurant/Bar | |
| <input type="checkbox"/> 28. Retail Sales | |
| <input type="checkbox"/> 29. Science/Research | |
| <input type="checkbox"/> 30. Sports/Sporting Events | |
| <input type="checkbox"/> 31. Technology(Computers) | |
| <input type="checkbox"/> 32. Technology(General) | |
| <input type="checkbox"/> 33. Television/Radio | |
| <input type="checkbox"/> 34. Tourism/Convention Services | |
| <input type="checkbox"/> 35. Transportation | |
| <input type="checkbox"/> 36. Utilities | |
| <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 38. 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.

NONE X Name: Name: Name: Name:

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

Name: Monte Caplan Title: Secretary Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283

Date taking office: Apr. '06 Name: DIANE SALISBURY Title: TREASURER Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283

Date taking office: APRIL 2006

Name: DEREK D. BORNHOLD Title: PRESIDENT Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283

Date taking office: APRIL 2006 Name: Reed Spangler Title: Vice President Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283

Date taking office: April 2005

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

Name: DEBORAH GREEN Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283

Date taking office: APRIL 2006

Name:

Address:

Date taking office:

Name: ROBERT PALABER Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283

Date taking office: April 2005

Name:

Address:

Date taking office:

Balance Sheet Report

Regency House Association

As of December 31, 2006

| | Balance | Balance | Change |
|---|-------------------|-------------------|-------------------|
| | Dec 31, 2006 | Nov 30, 2006 | |
| Assets | | | |
| Cash | | | |
| 1080 - Petty Cash | 200.00 | 200.00 | 0.00 |
| 1110 - Cash - 1st Nat'l Bank of AZ 8082 | 21,716.45 | 21,568.67 | 147.78 |
| Total Cash | 21,916.45 | 21,768.67 | 147.78 |
| Cash Reserves | | | |
| 1270 - Reserves-1st Nat'l Bank 8906 | 112,833.72 | 112,629.79 | 203.93 |
| Total Cash Reserves | 112,833.72 | 112,629.79 | 203.93 |
| Current Assets | | | |
| 1310 - Accounts Receivable | 14,374.03 | 16,348.83 | (1,974.80) |
| 1610 - Prepaid Insurance | 9,943.42 | 13,816.73 | (3,873.31) |
| 1620 - Prepaid Expenses | 2,353.12 | 0.00 | 2,353.12 |
| Total Current Assets | 26,670.57 | 30,165.56 | (3,494.99) |
| Total Assets | 161,420.74 | 164,564.02 | (3,143.28) |
| Liabilities | | | |
| Liabilities | | | |
| 3010 - Accounts Payable | 15,970.51 | 13,510.01 | 2,460.50 |
| 3310 - Prepaid Owner Assessments | 10,724.56 | 7,519.21 | 3,205.35 |
| 3340 - Insurance Claim Refund/Payable | 2,489.51 | 2,489.51 | 0.00 |
| 3341 - Refundable Deposits | 350.00 | 350.00 | 0.00 |
| Total Liabilities | 29,534.58 | 23,868.73 | 5,665.85 |

Balance Sheet Report

Regency House Association

As of December 31, 2006

| | Balance Dec 31, 2006 | Balance Nov 30, 2006 | Change |
|-------------------------------------|-------------------------|-------------------------|-------------------|
| Liabilities | | | |
| Long Term Liabilities | | | |
| 4100 - Loan Payable | 149,035.77 | 149,857.94 | (822.17) |
| Total Long Term Liabilities | 149,035.77 | 149,857.94 | (822.17) |
| Total Liabilities | 178,570.35 | 173,726.67 | 4,843.68 |
| Owners' Equity | | | |
| Reserves | | | |
| 5010 - Reserves - Unallocated | 112,833.72 | 112,629.79 | 203.93 |
| Total Reserves | 112,833.72 | 112,629.79 | 203.93 |
| Equity | | | |
| 5510 - Prior Year Net Inc./Loss | (130,263.76) | (130,263.76) | 0.00 |
| Total Equity | (130,263.76) | (130,263.76) | 0.00 |
| Total Owners' Equity | (17,430.04) | (17,633.97) | 203.93 |
| Net Income / (Loss) | 280.43 | 8,471.32 | (8,190.89) |
| Total Liabilities and Equity | 161,420.74 | 164,564.02 | (3,143.28) |

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.6 & 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?

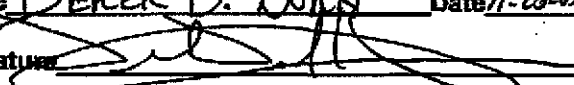

[Underlined portion pertains to business corporations only] One box must be marked: YES NO

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 <u>Derek D. Hogg</u> Date <u>11-28-06</u> | Name <u>Reed Spangler</u> Date <u>11-22-06</u> |
| Signature  | Signature  |
| Title <u>PRESIDENT</u> | Title <u>Vice-President</u> |

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