



WEB FORM
 COPY

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



DUE ON OR BEFORE 04/22/2008

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.

1. -0128579-9
 REGENCY HOUSE ASSOCIATION
 % JOMAR ASSOCIATION SERVICES
 1514 WEST TODD DRIVE STE B103
 TEMPE, AZ 85283

RECEIVED
MAR 14 2008
 ARIZONA CORP COMMISSION
 CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

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

2. Statutory Agent **JAN LINES Lynda Erickson** Physical Address, If Different.
 Mailing Address: 1514 W TODD DR DRIVE STE B103 Physical Address:
 City, State, Zip: TEMPE, AZ 85283 City, State, Zip:

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.

Lynda Erickson

 Signature of new Statutory Agent

Lynda Erickson

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

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)
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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)
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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

Name: Monica A. Barrows
 Title: President

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

Date taking office: 4-1-07

Name: _____
 Title: _____
 Address: _____

Date taking office: _____

Name: Reed C. Spangler
 Title: Vice President

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

Date taking office: 4-1-08

Name: _____
 Title: _____
 Address: _____

Date taking office: _____

8. DIRECTORS

Name: Harry Courtwright

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

Date taking office: 4-1-07

Name: _____
 Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____
 Address: _____

Date taking office: _____

Balance Sheet Report Regency House Association

As of December 31, 2007

	Balance Dec 31, 2007	Balance Nov 30, 2007	Change
<u>Assets</u>			
Cash			
1080 - Petty Cash	200.00	200.00	0.00
1110 - Cash - 1st Natl Bank of AZ 8082	25,978.92	5,753.98	20,224.94
Total Cash	26,178.92	5,953.98	20,224.94
Cash Reserves			
1270 - Reserves-1st Natl Bank 8906	30,417.40	30,355.73	61.67
Total Cash Reserves	30,417.40	30,355.73	61.67
Current Assets			
1310 - Accounts Receivable	36,431.58	33,578.60	2,852.98
1610 - Prepaid Insurance	8,929.74	12,476.82	(3,547.08)
Total Current Assets	45,361.32	46,055.42	(694.10)
Total Assets	101,957.64	82,365.13	19,592.51
<u>Liabilities</u>			
Liabilities			
3010 - Accounts Payable	50,243.78	59,739.24	(9,495.46)
3310 - Prepaid Owner Assessments	18,546.14	17,453.05	1,093.09
3340 - Insurance Claim Refund/Payable	2,489.51	2,489.51	0.00
3341 - Refundable Deposits	350.00	350.00	0.00
3350 - Payable to Reserve Fm Operating	22,000.00	0.00	22,000.00
Total Liabilities	93,629.43	80,031.80	13,597.63

Balance Sheet Report
Regency House Association
As of December 31, 2007

	Balance Dec 31, 2007	Balance Nov 30, 2007	Change
Liabilities			
Long Term Liabilities			
4100 - Loan Payable	138,042.48	139,029.03	(986.55)
Total Long Term Liabilities	138,042.48	139,029.03	(986.55)
Total Liabilities	231,671.91	219,060.83	12,611.08
Owners' Equity			
Reserves			
5010 - Reserves - Unallocated	110,232.86	110,171.19	61.67
5011 - Reserves - Structural Repairs	(15,406.67)	(15,406.67)	0.00
5029 - Reserves - Security Upgrade 07	(64,408.79)	(64,408.79)	0.00
Total Reserves	30,417.40	30,355.73	61.67
Equity			
5510 - Prior Year Net Inc./Loss	(160,131.67)	(129,502.70)	(30,628.97)
Total Equity	(160,131.67)	(129,502.70)	(30,628.97)
Total Owners' Equity	(129,714.27)	(99,146.97)	(30,567.30)
Net Income / (Loss)	0.00	(37,548.73)	37,548.73
Total Liabilities and Equity	101,957.64	82,365.13	19,592.51

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 Monica Barrios Date 3/2/08 Name _____ Date _____
 Signature Monica Barrios Signature _____
 Title President - Board of Dir. Title _____

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