



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

Arizona Corporation Commission



00007485

DUE ON OR BEFORE 04/15/1999

FILING FEE \$10.00 *MP*

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 for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

RECEIVED

APR 05 1999

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. XANADU LAKE RESORT CONDOMINIUM, INC.
276 S LAKE HAVASU AVE
PO BOX 2550
LAKE HAVASU CITY, AZ 86403

MISSING 1998 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-3285!
Corporation File Number: -0158244-4

Business Phone: 520-855-8300 (business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: ~~ERIC BROCKER~~ *CAROLYN BRUCE*
Street Address: 276 S LAKE HAVASU AVE STE ~~13~~ *A13*
(NOT P.O. BOX)
City, State, Zip: LAKE HAVASU CITY AZ 86403-

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.

Carolyn Bruce

Signature of new Statutory Agent

ACC USE ONLY	
Fee	\$ <u>10</u>
Penalty	\$
Reinstatement	\$
Expedite	\$
Total	\$
FY98-99	

PAID

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.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

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

7. **OFFICERS** (If no changes since last report, check here _____ and go on to Section 8.)

Name: JOEL SELMAN
Title: PRESIDENT/CEO
Address: 2491 N LEMA DR
LAKE HAVASU CITY, AZ 86403-

Name: CURTIS NILL
Title: VICE-PRESIDENT
Address: 3857 BEAR DR
LAKE HAVASU CITY, AZ 86404-

Date taking office: 01-01-96

Date taking office: 01-01-97

Name: CAROLYN BRUCE
Title: SECRETARY
Address: 276 S LAKE HAVASU AVE
LAKE HAVASU CITY, AZ 86403-

Name: CAROLYN BRUCE
Title: TREASURER
Address: 276 S LAKE HAVASU AVE
LAKE HAVASU CITY, AZ 86403-

Date taking office: 01-01-97

Date taking office: 01-01-97

8. **DIRECTORS** Must List a Minimum of 3 Directors.

Name: ~~JUDY ROE~~ MARGARET MURPHY
Address: ~~1840 BURGUNDY DR~~ 276 So Lake Havasu Ave # C1
LAKE HAVASU CITY, AZ 86404-86403

Name: DOUG BROCKER
Address: 8531 DOREMERE DR
HUNTINGTON BH, CA 92615-

Date taking office: ~~01-01-97~~ 01-01-98

Date taking office: 01-01-96

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

XANADU LAKE HOMEOWNER'S ASSOC
Balance Sheet
 As of February 28, 1999

Feb 28, '99

ASSETS	
Current Assets	
Checking/Savings	23,734.51
BANK OF AMERICA	65,131.57
BANK OF AMERICA-MM	
Total Checking/Savings	88,866.08
Accounts Receivable	-2,772.00
Accounts Receivable	-2,772.00
Total Accounts Receivable	-2,772.00
Total Current Assets	86,094.08
TOTAL ASSETS	86,094.08
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	80,311.14
Net Income	5,782.94
Total Equity	86,094.08
TOTAL LIABILITIES & EQUITY	86,094.08

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only:

This corporation **does** **does not** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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:

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 (A.R.S. §10-202.D.2)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

One box **must** be marked: **YES** **NO**

If YES, enter the following: Chapter _____ Date Filed _____ Case Number _____

If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures 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 Carolyn Bruce Date 3/24/99 Name _____ Date _____

Signature Carolyn Bruce Signature _____

Title Secretary Title _____

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