



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

AZ Corp. Commission



00953974

DUE ON OR BEFORE 04/15/2004

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.

1. **-0158244-4**
KANADU LAKE RESORT CONDOMINIUM, INC.
276 S LAKE HAVASU AVE A13
~~**PO BOX 3860**~~
LAKE HAVASU CITY, AZ 86403

RECEIVED

RECEIVED

JUN 1 0 2004

MAR 2 5 2004

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

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

2. **Statutory Agent:** CAROLYN BRUCE
Mailing Address: 276 S LAKE HAVASU AVE STE A13
City, State, Zip: LAKE HAVASU CITY, AZ 86403

Physical Address, if Different:
Physical Address:
City, State, Zip:

NO \$ 06/15/04

IPR

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee \$	10
Penalty \$	_____
Reinstatement \$	_____
Expedite \$	_____
Resubmit \$	_____

3/30/04

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:**

798719

(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. 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. Please Print or Type Clearly.

- 0158244-4

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

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 Type or Print Clearly.

NONE [X] Name: Name: Name: Name:

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: Joel Selman
Title: President
Address: 276 S. Lake Havasu Ave A-11
Lake Havasu City, AZ 86403
Date taking office: 05-16-02

Name: Delbert Cole
Title: V. Pres.
Address: 3538 Shawnee
Lake Havasu City AZ 86403
Date taking office: 4-5-03

Name: Stewart Lamb
Title: Secretary
Address: 276 S. Lake Havasu Ave B18
Lake Havasu City, AZ 86403
Date taking office: 05-16-02

Name: Carolyn Bruce
Title: Treasurer
Address: 276 S. Lake Havasu Ave A13
Lake Havasu City, AZ, 86403
Date taking office: 02-14-03

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Ralph Heiken
Address: 256 S. Lake Havasu #C47
Lake Havasu City, AZ 86403
Date taking office: 05-16-02

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

11:09 AM
05/19/04
Accrual Basis

XANADU LAKE HOMEOWNER'S ASSOC
Profit & Loss
April 2004

- 0158244-4

	Apr 04
Ordinary Income/Expense	
Income	
HOMEOWNERS DUES	9,854.00
INTEREST EARNED	4.92
LATE FEES	75.00
LAUNDRY	47.75
SODA	25.80
Total Income	<u>10,007.47</u>
Expense	
INSURANCE	1,826.66
INTEREST EXPENSE	181.79
MAINTENANCE	
AWNING REPAIR	764.25
CLEANING/REPAIRS	111.20
ELECTRICAL	55.00
LANDSCAPING	1,280.00
POOL SERVICE	400.00
SUPPLIES	29.66
Total MAINTENANCE	<u>2,640.11</u>
MANAGEMENT	
XANADU MANAGEMENT	1,441.00
Total MANAGEMENT	<u>1,441.00</u>
OFFICE	
ASSOCIATION MEETING	95.31
Total OFFICE	<u>95.31</u>
PEST CONTROL	70.00
UTILITY	
ELECTRIC	843.31
GAS	1,289.58
TELEPHONE	126.06
TRASH PICK-UP	178.97
WATER	1,201.16
Total UTILITY	<u>3,639.08</u>
Total Expense	<u>9,893.95</u>
Net Ordinary Income	<u>113.52</u>
Net Income	<u><u>113.52</u></u>

over

10:51 AM
05/19/04
Accrual Basis

XANADU LAKE HOMEOWNER'S ASSOC
Balance Sheet
As of April 30, 2004

	<u>Apr 30, 04</u>
ASSETS	
Current Assets	
Checking/Savings	
BANK OF AMERICA	3,150.90
BANK OF AMERICA-RESERVE	13,260.12
Total Checking/Savings	<u>16,411.02</u>
Accounts Receivable	
Accounts Receivable	-597.00
Total Accounts Receivable	<u>-597.00</u>
Total Current Assets	<u>15,814.02</u>
TOTAL ASSETS	<u><u>15,814.02</u></u>
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
CAROLYN BRUCE	28,017.64
Total Long Term Liabilities	<u>28,017.64</u>
Total Liabilities	28,017.64
Equity	
Opening Bal Equity	80,311.17
Retained Earnings	-102,503.57
Net Income	9,988.78
Total Equity	<u>-12,203.62</u>
TOTAL LIABILITIES & EQUITY	<u><u>15,814.02</u></u>

OVER

COMMISSIONERS
MARC SPITZER - Chairman
WILLIAM A. MUNDELL
JEFF HATCH-MILLER
MIKE GLEASON
KRISTIN K. MAYES



ARIZONA CORPORATION COMMISSION

BRIAN C. MCNEIL
Executive Secretary
JOANNE C. MACDONNELL
Director, Corporations Division

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

XANADU LAKE RESORT CONDOMINIUM, INC.
276 S LAKE HAVASU AVE #A13

LAKE HAVASU CIT AZ 86403-

Effective Date: **05/19/2004**
File No: **-0158244-4**

Original Due Date: **April 15, 2004**

Received: **03/25/04**

We have deposited your check, however your annual report is being returned for the following reason(s):

- > Please see page 3, section 9 of the annual report for Financial Disclosure requirements.

NOTE: PURSUANT TO A.R.S. 10-1622.F.
TO AVOID PENALTIES AND POSSIBLE ADMINISTRATIVE DISSOLUTION, THIS REPORT MUST BE RETURNED WITHIN 30 DAYS AFTER THE EFFECTIVE DATE OF THIS NOTICE TO BE DEEMED TIMELY FILED.

*** * IMPORTANT * ***

TO SUCCESSFULLY PROCESS YOUR DOCUMENT, IT IS IMPERATIVE THAT YOU RETURN:

- 1) A COPY OF THIS LETTER, ✓
- 2) ANY ANNUAL REPORT(S) WHICH ACCOMPANIED THIS LETTER, ✓
(CORRECTIONS MADE)
- 3) ANY OUTSTANDING FEE, ✓
- 4) ANY OUTSTANDING PENALTY FUNDS

Corporations Division
Telephone: 602-542-3285

AR: 0021
REV. 04/2000

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.

This is not a non-profit corp

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?

One box **must** be marked:

YES NO

[Underlined portion pertains to business corporations only]

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 Carolyn Bruce Date 3-22-04 Name _____ Date _____

Signature CAROLYN BRUCE Signature _____

Title Treasurer Title _____

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

