



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

AZ Corp. Commission



01160171

DUE ON OR BEFORE 04/15/2005

FY04-05

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

MAR 21 2005

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. -0158244-4
XANADU LAKE RESORT CONDOMINIUM, INC.
276 S LAKE HAVASU AVE #A13
LAKE HAVASU CITY, AZ 86403

Business Phone: _____ (Business phone is optional.)

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

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

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

*IPR
3/25/05*

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.

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

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 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** N/A 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** N/A 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 Name: _____ Name: _____
Name: _____ Name: _____

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

Name: Joel Schman
Title: President
Address: 276 S. Lake Havasu #111
Lake Havasu City, AZ 86403

Date taking office: 4-1-04
Name: Stewart Lamb
Title: V. Pres. Secretary
Address: P.O. Box 1527
Covina, CA 91722-0527

Name: Delbert Cole
Title: V. Pres
Address: 3538 Shawnee
Lake Havasu City, AZ 86403

Date taking office: 4-1-04
Name: Carolyn Bruce
Title: Treasurer
Address: 276 S. Lake Havasu Ave A13
Lake Havasu City AZ 86403

Date taking office: 4-1-04

Date taking office: 4-1-04

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

Name: Ralph Wieken
Address: 256 S. Lake Havasu # B47
Lake Havasu City, AZ 86403

Date taking office: 4-1-03

Name: _____
Address: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

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03/17/05
Accrual Basis

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

	<u>Sep 30, 04</u>
ASSETS	
Current Assets	
Checking/Savings	
BANK OF AMERICA	5,885.80
BANK OF AMERICA-RESERVE	9,549.43
Total Checking/Savings	<u>15,435.23</u>
Accounts Receivable	
Accounts Receivable	974.00
Total Accounts Receivable	<u>974.00</u>
Total Current Assets	<u>16,409.23</u>
TOTAL ASSETS	<u><u>16,409.23</u></u>
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
CAROLYN BRUCE	22,575.59
Total Long Term Liabilities	<u>22,575.59</u>
Total Liabilities	22,575.59
Equity	
Opening Bal Equity	80,311.17
Retained Earnings	-102,503.57
Net Income	16,026.04
Total Equity	<u>-6,166.36</u>
TOTAL LIABILITIES & EQUITY	<u><u>16,409.23</u></u>

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02/14/05

Accrual Basis

XANADU LAKE HOMEOWNER'S ASSOC

Profit & Loss

October 2003 through September 2004

Oct '03 - Sep 04

Ordinary Income/Expense	
Income	
HOMEOWNERS DUES	118,523.00
INTEREST EARNED	47.41
LATE FEES	700.00
LAUNDRY	2,009.25
SODA	218.55
TRANSFER FEES	1,260.00
Uncategorized Income	10.00
Total Income	122,768.21
Expense	
ALARM SERVICE	
Emergency call	394.89
NEW DETECTORS	680.00
ALARM SERVICE - Other	734.40
Total ALARM SERVICE	1,809.29
BANK FEES	20.00
BOUNCED CHECK	367.00
DEPOSIT TO RESERVE ACCOUNT	-7,000.00
ELEVATOR SERVICE	3,464.86
EQUIPMENT	
GAS LINE INSTALL	1,216.88
POOL/DECK FURNITURE	1,358.94
POOL/SPA	695.00
Total EQUIPMENT	3,270.82
INSURANCE	20,895.89
INTEREST EXPENSE	2,215.26
LEGAL/PROFESSIONAL	
CORPORATE COMMISSION	10.00
INCOME TAX	-66.24
INCOME TAX PREPARATION	155.00
LICENSE-POOL	200.00
SECURITY GUARD	378.00
LEGAL/PROFESSIONAL - Other	57.16
Total LEGAL/PROFESSIONAL	733.92
MAINTENANCE	
ANTENNAE	216.99
AWNING REPAIR	3,776.13
BACKFLOW ASSEMBLY	120.00
CLEANING/REPAIRS	807.62
ELECTRICAL	165.00
FIRE PROTECTION	230.00
LANDSCAPING	
PLANTS/SHRUBS/ROCK	300.00
LANDSCAPING - Other	8,000.00
Total LANDSCAPING	8,300.00
LOCK REPAIR	120.00
PLUMBING REPAIR	363.93
POOL SERVICE	4,800.00
POOL/SPA REPAIR	412.00
SUPPLIES	
SODA	69.86
SUPPLIES - Other	1,786.92
Total SUPPLIES	1,856.78
Total MAINTENANCE	21,168.45
MANAGEMENT	
XANADU MANAGEMENT	17,067.00
Total MANAGEMENT	17,067.00

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02/14/05

Accrual Basis

✓
XANADU LAKE HOMEOWNER'S ASSOC
Profit & Loss
October 2003 through September 2004

	<u>Oct '03 - Sep 04</u>
OFFICE	
ASSOCIATION MEETING	95.31
SUPPLIES	283.70
Total OFFICE	<u>379.01</u>
PEST CONTROL	840.00
PROPERTY TAXES	308.10
RESERVE ACCT	7,000.00
TAX	
INCOME	616.93
Total TAX	<u>616.93</u>
UTILITY	
ELECTRIC	10,889.19
GAS	6,805.51
TELEPHONE	1,532.07
TRASH PICK-UP	2,253.14
WATER	12,105.73
Total UTILITY	<u>33,585.64</u>
Total Expense	<u>106,742.17</u>
Net Ordinary Income	<u>16,026.04</u>
Net Income	<u><u>16,026.04</u></u>

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 Carolyn Bruce Date 3-16-05 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.)