



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

AZ Corp. Commission
01547149

DUE ON OR BEFORE 04/15/2006

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.

RECEIVED

APR 14 2006

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	\$ _____
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.

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**
- 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 _____

- NON-PROFIT CORPORATIONS**
- 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	Class	Series Within Class (if any)
N/A		

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)
N/A		

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.**

Name: _____ Name: _____
 Name: _____ Name: _____

NONE

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

Name: Joel Selman
 Title: President
 Address: 276 S. Lake Havasu Ave A11
Lake Havasu City, AZ 86403
 Date taking office: 4-1-04

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

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 So Lake Havasu Ave
Lake Havasu City, AZ 86403
 Date taking office: 4-1-04

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

Name: Ralph Heiken
 Address: 256 So. Lake Havasu Ave B47
Lake Havasu City, AZ 86403
 Date taking office: 4-1-03

Name: _____
 Address: _____
 Date taking office: _____

Name: _____
 Address: _____
 Date taking office: _____

Name: _____
 Address: _____
 Date taking office: _____

10:28 AM
04/12/06
Accrual Basis

XANADU LAKE HOMEOWNER'S ASSOC
Profit & Loss
October 2004 through September 2005

Oct '04 - Sep 05

Ordinary Income/Expense	
Income	
HOMEOWNERS DUES	148,775.44
INTEREST EARNED	47.10
KEYS PURCHASED	25.00
LATE FEES	275.00
LAUNDRY	1,529.50
LEGAL COSTS	1,938.96
SODA	319.80
TRANSFER FEES	1,720.00
Total Income	154,630.80
Expense	
ALARM SERVICE	
Emergency call	485.00
EQUIPMENT	855.51
NEW DETECTORS	746.67
ALARM SERVICE - Other	1,166.46
Total ALARM SERVICE	3,253.64
BANK FEES	12.00
DEPOSIT TO RESERVE ACCOUNT	-28,009.77
ELEVATOR SERVICE	3,760.71
EQUIPMENT	
CARPET REPLACEMENT	668.73
GAS GRILLS	1,425.77
POOL/DECK FURNITURE	1,332.87
POOL/SPA	1,565.80
Total EQUIPMENT	4,993.17
INSURANCE	22,610.46
INTEREST EXPENSE	1,014.11
LEGAL/PROFESSIONAL	
CORPORATE COMMISSION	10.00
INCOME TAX PREPARATION	160.00
LICENSE-POOL	210.00
SECURITY GUARD	336.00
LEGAL/PROFESSIONAL - Other	2,349.48
Total LEGAL/PROFESSIONAL	3,065.48
MAINTENANCE	
AWNING REPAIR	840.82
BACKFLOW ASSEMBLY	77.50
CLEANING/REPAIRS	1,369.89
DECK REPAIR	6,101.85
DECK/CEILING REPR	380.37
FIRE PROTECTION	508.75
LANDSCAPING	6,890.00
LOCK REPAIR	144.02
PLUMBING REPAIR	817.73
POOL SERVICE	4,961.20
POOL/SPA REPAIR	405.00
ROOFING	2,000.00
SUPPLIES	
SODA	77.97
SUPPLIES - Other	1,438.16
Total SUPPLIES	1,516.13
Total MAINTENANCE	26,013.26
MANAGEMENT	
XANADU MANAGEMENT	17,578.00
Total MANAGEMENT	17,578.00

10:28 AM
04/12/06
Accrual Basis

XANADU LAKE HOMEOWNER'S ASSOC
Profit & Loss
October 2004 through September 2005

	<u>Oct '04 - Sep 05</u>
OFFICE	
ASSOCIATION MEETING	95.30
SUPPLIES	304.30
Total OFFICE	<u>399.60</u>
PEST CONTROL	960.00
PROPERTY TAXES	286.18
REIMBURSE ERROR IN CHECK	227.91
RESERVE ACCT	28,009.77
TAX	
INCOME	-473.85
Total TAX	<u>-473.85</u>
UTILITY	
ELECTRIC	10,028.80
GAS	7,747.67
TELEPHONE	1,607.37
TRASH PICK-UP	2,303.55
WATER	13,925.37
Total UTILITY	<u>35,612.76</u>
Total Expense	<u>119,313.43</u>
Net Ordinary Income	35,317.37
Other Income/Expense	
Other Income	
INSURANCE REIM DAMAGES	256.88
Total Other Income	<u>256.88</u>
Other Expense	
REPAIR DAMAGED UNITS	746.24
Total Other Expense	<u>746.24</u>
Net Other Income	<u>-489.36</u>
Net Income	<u><u>34,828.01</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 4/10-06 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.)