



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

AZ Corp. Commission



01973852

DUE ON OR BEFORE 04/15/2007

FY06-07

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**
XANADU LAKE RESORT CONDOMINIUM, INC.
276 S LAKE HAVASU AVE #A13
LAKE HAVASU CITY, AZ 86403

RECEIVED
APR 09 2007

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

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

RECEIVED

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

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

APR 23 2007

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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: Joel Name: _____

NONE

Name: _____ Name: _____

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

Name: Joel Selman

Name: Carolyn Bruce

Title: President

Title: Treasurer

Address: 276 S. Lake Havasu Ave A11
Lake Havasu City, AZ 86403

Address: 276 S. Lake Havasu Ave A13
Lake Havasu City, AZ 86403

Date taking office: 4-1-04

Date taking office: 4-1-04

Name: Stewart Lamb

Name: _____

Title: Secretary

Title: _____

Address: P.O. Box 1527
Covina, CA 91722-0527

Address: _____

Date taking office: 4-1-04

Date taking office: _____

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

Name: Stewart Lamb

Name: _____

Address: P.O. Box 1527
Covina, CA 91722-0527

Address: _____

Date taking office: 4-1-04

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

XANADU LAKE HOMEOWNER'S ASSOC
Profit & Loss
 October 2005 through September 2006

	<u>Oct '05 - Sep 06</u>
Ordinary Income/Expense	
Income	
HOMEOWNERS DUES	139,600.63
INTEREST EARNED	41.61
LATE FEES	450.00
LAUNDRY	2,036.00
SODA	336.25
TRANSFER FEES	1,074.00
Uncategorized Income	219.70
Total Income	<u>143,758.19</u>
Expense	
ALARM SERVICE	
Emergency call	362.57
EQUIPMENT	134.07
NEW DETECTORS	3,841.11
ALARM SERVICE - Other	428.40
Total ALARM SERVICE	<u>4,766.15</u>
BANK FEES	36.00
BOUNCED CHECK	132.00
ELEVATOR SERVICE	4,007.88
EQUIPMENT	
MISC	159.97
POOL/SPA	294.00
Total EQUIPMENT	<u>453.97</u>
INSURANCE	23,981.59
LEGAL/PROFESSIONAL	
CORPORATE COMMISSION	10.00
LICENSE-POOL	225.00
SECURITY GUARD	562.50
Total LEGAL/PROFESSIONAL	<u>797.50</u>
MAINTENANCE	
AWNING REPAIR	5,034.44
BACKFLOW ASSEMBLY	90.00
CLEANING/REPAIRS	310.00
FIRE PROTECTION	310.07
GLASS REPAIR	160.02
LANDSCAPING	
PLANTS/SHRUBS/ROCK	64.71
LANDSCAPING - Other	9,880.48
Total LANDSCAPING	<u>9,945.19</u>
LOCK REPAIR	203.24
PARKING LOT	9,900.00
PLUMBING REPAIR	913.58
POOL DECK REPAIR	326.00
POOL GATE LOCK PROTECTION	471.00
POOL SERVICE	6,078.00
POOL/SPA REPAIR	1,360.00
ROOFING	9,450.00
SIGN REPAIR	451.24
SUPPLIES	
SODA	104.96
SUPPLIES - Other	2,575.75
Total SUPPLIES	<u>2,680.71</u>
Total MAINTENANCE	<u>47,683.49</u>
MANAGEMENT	
XANADU MANAGEMENT	20,685.92
Total MANAGEMENT	<u>20,685.92</u>

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04/20/07
Accrual Basis

XANADU LAKE HOMEOWNER'S ASSOC
Profit & Loss
October 2005 through September 2006

	<u>Oct '05 - Sep 06</u>
OFFICE	
ASSOCIATION MEETING	95.62
SUPPLIES	288.70
Total OFFICE	<u>384.32</u>
PEST CONTROL	1,005.00
PROPERTY TAXES	274.98
REIMBURSE ERROR IN CHECK	194.70
RETURNED CHECK	5.00
UTILITY	
ELECTRIC	10,214.49
GAS	11,156.34
TELEPHONE	1,464.23
TRASH PICK-UP	2,236.22
WATER	18,296.91
Total UTILITY	<u>43,368.19</u>
Total Expense	<u>147,776.69</u>
Net Ordinary Income	-4,018.50
Other Income/Expense	
Other Income	
INSURANCE REIM DAMAGES	4,390.02
Total Other Income	<u>4,390.02</u>
Net Other Income	<u>4,390.02</u>
Net Income	<u><u>371.52</u></u>

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Accrual Basis

XANADU LAKE HOMEOWNER'S ASSOC
Balance Sheet
As of September 30, 2006

	<u>Sep 30, 06</u>
ASSETS	
Current Assets	
Checking/Savings	
BANK OF AMERICA	24,029.03
BANK OF AMERICA-RESERVE	6,021.24
Total Checking/Savings	<u>30,050.27</u>
Accounts Receivable	
Accounts Receivable	-1,010.22
Total Accounts Receivable	<u>-1,010.22</u>
Other Current Assets	
Undeposited Funds	141.00
Total Other Current Assets	<u>141.00</u>
Total Current Assets	<u>29,181.05</u>
TOTAL ASSETS	<u><u>29,181.05</u></u>
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	80,311.17
Retained Earnings	-51,501.64
Net Income	371.52
Total Equity	<u>29,181.05</u>
TOTAL LIABILITIES & EQUITY	<u><u>29,181.05</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 Carylyn Bruce Date 4/6/07 Name _____ Date _____
 Signature Carylyn Bruce Signature _____
 Title Treasurer Title _____

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