



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

AZ Corp. Commission
01141319

DUE ON OR BEFORE 04/07/2005

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

FEB 25 2005

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. -0158802-1
COUNTRY MEADOWS CONDOMINIUMS UNIT TWO ASSOCIATION
% ACCESS-CHOICE MANAGEMENT
13231 N 35TH AVE STE A-11
PHOENIX, AZ 85029

Business Phone: _____ (Business phone is optional.)

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

2. **Statutory Agent:** PHIL DICARLO **Physical Address, If Different.**
Mailing Address: 13231 N 35TH AVE STE A-11 **Physical Address:**
City, State, Zip: PHOENIX, AZ 85029 **City, State, Zip:**

ACC USE ONLY YPR	
Fee	\$ 10 <i>3-3-05</i>
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. *940934*
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

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

- | |
|---|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input checked="" type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 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)
---	-------	------------------------------

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)
---	-------	------------------------------

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: RANDY GUTH MILLER

Name: RON TRIBULL

Title: PRESIDENT

Title: VICE-PRESIDENT

Address: 10815 W. NORTHERN #133
GLENDAL, AZ 85307

Address: 10807 W. NORTHERN #113
GLENDAL, AZ 85307

Date taking office: 2004

Date taking office: 2004

Name: CINDY DERMODY

Name: _____

Title: TREASURER

Title: _____

Address: 10815 W. NORTHERN #120
GLENDAL, AZ 85307

Address: _____

Date taking office: 2004

Date taking office: _____

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

Name: NANCY MELENDEZ

Name: _____

Address: 10807 W. NORTHERN #136
GLENDAL, AZ 85307

Address: _____

Date taking office: 2004

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Date taking office: _____

Date taking office: _____

Run Date: 02/14/05
Run Time: 08:39 AM

124 - Country Meadows II
Balance Sheet
As of 12/31/04

- 0158802-1

ASSETS

1011	Cash Operating - FNB	\$	2,567.81
1021	Cash in Reserves - FNB		62,538.07
1276	Bank One - CD - 37178		1,523.49
1277	Bank One - CD - 83849		2,041.60
	TOTAL CURRENT ASSETS	\$	68,670.97

TOTAL ASSETS

\$ 68,670.97
=====

**LIABILITIES & EQUITY **

3150	General Reserves	\$	48,801.05
3175	Interest		483.60
3230	Painting		3,900.00
3235	Asphalt/Sidewalk		100.00
3310	Roof		5,400.00
3360	Capital Improvement		3,900.00
	Subtotal Reserves	\$	62,584.65

EQUITY:

3500	Retained Earnings	\$	7,904.98
	Current Year Net Income/(Loss)		(1,818.66)
	Subtotal Equity	\$	6,086.32

TOTAL LIABILITIES & EQUITY

\$ 68,670.97
=====

124 - Country Meadows II
Income/Expense Statement
Period: 12/01/04 to 12/31/04

-0158802-1

Description	Actual	Current Period Budget	Variance	Actual	Year-To-Date Budget	Variance	Yearly Budget
INCOME:							
04100 Homeowner Maintenance	10,348.00	10,440.00	(92.00)	126,514.94	125,280.00	1,234.94	125,280.00
04110 Mis. Interest - Checking	1.14	.00	1.14	40.78	.00	40.78	.00
04120 Late Payment Charges	199.00	.00	199.00	917.45	.00	917.45	.00
04130 Legal Fees	.00	.00	.00	51.00	.00	51.00	.00
04135 Administrative	15.00	.00	15.00	120.00	.00	120.00	.00
04140 Miscellaneous Income	.00	.00	.00	453.65	.00	453.65	.00
04165 Interest - CD	.00	.00	.00	407.79	.00	407.79	.00
Subtotal Income	10,563.14	10,440.00	123.14	128,505.61	125,280.00	3,225.61	125,280.00
EXPENSES							
Maintenance & Repair							
05130 Electrical Repair	46.00	.00	(46.00)	246.00	.00	(246.00)	.00
05160 Exterminating	95.00	95.00	.00	1,165.00	1,140.00	(25.00)	1,140.00
05175 Fire Extinguishers	.00	1,500.00	1,500.00	10,751.20	18,000.00	7,248.80	18,000.00
05185 Gate Repair	.00	41.74	41.74	1,875.18	500.00	(1,375.18)	500.00
05225 Landscaping Contract	.00	1,320.00	1,320.00	12,510.00	15,840.00	3,330.00	15,840.00
05270 On-Site Maintenance	984.35	866.74	(117.61)	11,792.19	10,400.00	(1,392.19)	10,400.00
05295 Plumbing Service / Repair	2,165.00	.00	(2,165.00)	5,952.34	.00	(5,952.34)	.00
05380 Roof Repairs	1,476.00	.00	(1,476.00)	3,895.63	.00	(3,895.63)	.00
05440 Tree / Palm Trimming	1,454.00	.00	(1,454.00)	5,474.44	.00	(5,474.44)	.00
05445 Sprinkler Repair	100.00	.00	(100.00)	1,132.78	.00	(1,132.78)	.00
05490 Roof Repairs	.00	83.37	83.37	6,898.69	1,000.00	(5,898.69)	1,000.00
Maintenance & Repair	6,320.35	3,906.85	(2,413.50)	61,693.45	46,880.00	(14,813.45)	46,880.00
Supplies							
06020 Electrical Supplies	.00	.00	.00	373.10	.00	(373.10)	.00
06040 Coupon Books	219.00	.00	(219.00)	537.40	.00	(537.40)	.00
06060 Fertilizer	.00	.00	.00	350.00	.00	(350.00)	.00
06120 Miscellaneous Supplies	.00	.00	.00	1,161.79	.00	(1,161.79)	.00
06125 Office Supplies	19.28	.00	(19.28)	163.71	.00	(163.71)	.00
06130 Landscaping Supplies	91.80	.00	(91.80)	210.87	.00	(210.87)	.00
06150 Postage	24.42	66.74	42.32	140.24	800.00	659.76	800.00
06155 Printing / Copies	109.32	.00	(109.32)	577.88	.00	(577.88)	.00
06170 Seed/ Overseeding	.00	.00	.00	700.00	.00	(700.00)	.00
06180 Signs	.00	.00	.00	95.00	.00	(95.00)	.00
Supplies	463.82	66.74	(397.08)	4,309.99	800.00	(3,509.99)	800.00
Utilities							
07015 Electrical	272.20	233.37	(38.83)	3,057.02	2,800.00	(257.02)	2,800.00
07075 Trash / Refuse	255.00	255.00	.00	3,410.00	3,060.00	(350.00)	3,060.00
07090 Sewer	1,058.32	836.74	(221.58)	11,042.33	10,040.00	(1,002.33)	10,040.00
07110 Gate Telephone	42.75	44.00	1.25	526.91	528.00	1.09	528.00
07125 Water	1,150.44	1,535.75	385.31	14,936.12	18,429.00	3,492.88	18,429.00
Utilities	2,778.71	2,904.86	126.15	32,972.38	34,857.00	1,884.62	34,857.00

124 - Country Meadows II
Income/Expense Statement
Period: 12/01/04 to 12/31/04

0158802-1

Description	Actual	Current Period Budget	Variance	Actual	Year-To-Date Budget	Variance	Yearly Budget
Insurance							
07220 Site Hazard Insurance	2,172.00	958.37	(1,213.63)	18,089.00	11,500.00	(6,589.00)	11,500.00
Insurance	2,172.00	958.37	(1,213.63)	18,089.00	11,500.00	(6,589.00)	11,500.00
Salaries							
Salaries	.00	.00	.00	.00	.00	.00	.00
General							
08005 Audit / Tax / prep	.00	.00	.00	251.50	.00	(251.50)	.00
08040 Bank Service Charge	15.00	.00	(15.00)	215.00	.00	(215.00)	.00
08041 Bank NSF charge	.00	.00	.00	10.00	.00	(10.00)	.00
08185 Income Taxes	.00	.00	.00	56.52	.00	(56.52)	.00
08204 Fax Service	.00	.00	.00	16.80	.00	(16.80)	.00
08205 Attorney Services	50.00	100.00	50.00	(974.40)	1,200.00	2,174.40	1,200.00
08250 Management Fees	600.00	600.00	.00	7,200.00	7,200.00	.00	7,200.00
08280 Miscellaneous Administrative	.00	.00	.00	61.00	.00	(61.00)	.00
08330 Permits & Licenses	.00	.00	.00	10.00	.00	(10.00)	.00
General	665.00	700.00	35.00	6,846.42	8,400.00	1,553.58	8,400.00
Transfer to Reserves							
09150 General	1,600.16	1,553.62	(46.54)	18,689.54	18,643.00	(46.54)	18,643.00
09230 Painting	100.00	100.00	.00	1,200.00	1,200.00	.00	1,200.00
09310 Roof	100.00	100.00	.00	1,200.00	1,200.00	.00	1,200.00
09360 Capital Improvement	150.00	150.00	.00	1,800.00	1,800.00	.00	1,800.00
Transfer to Reserves	1,950.16	1,903.62	(46.54)	22,889.54	22,843.00	(46.54)	22,843.00
Reserve Expenses							
09510 Cash Transfer - Reserve Fund	.00	.00	.00	(18,776.51)	.00	18,776.51	.00
09551 Sidewalk Reconstruction	.00	.00	.00	2,300.00	.00	(2,300.00)	.00
Reserve Expenses	.00	.00	.00	(16,476.51)	.00	16,476.51	.00
TOTAL EXPENSES	14,350.04	10,440.44	(3,909.60)	130,324.27	125,280.00	(5,044.27)	125,280.00
CURRENT YEAR NET INCOME/(LOSS)	(3,786.90)	(.44)	(3,786.46)	(1,818.66)	.00	(1,818.66)	.00

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 Cynthia Dermody Date 2/22/05 Name _____ Date _____

Signature Cynthia Dermody Signature _____

Title Treasurer Title _____

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