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

AZ Corp. Commission
01863952

DUE ON OR BEFORE 04/16/2006 **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.

1. -0214537-6
CENTRAL AVENUE ESTATES HOMEOWNERS ASSOCIATION, INC
6841 N CENTRAL AVE
PHOENIX, AZ 85012

A.C.C. CORPORATIONS DIV.
RECEIVED
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APR 12 2006
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

Business Phone: _____ (Business phone is optional.)

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

2. Statutory Agent: ARLAN W FUHR
Mailing Address: 6833 N CENTRAL AVE
City, State, Zip: PHOENIX, AZ 85012

Physical Address, If Different.
Physical Address:
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. X 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)

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.**

Name: Name:

NONE ☒

Name: Name:

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

Name: ARLAN W. FUHR Name:

Title: PRES Title:

Address: 6833 N. CONTRAC AVE Address:

PHOENIX AZ 85212

Date taking office: 1/1/07 Date taking office:

Name: Name:

Title: Title:

Address: Address:

Date taking office: Date taking office:

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

Name: ARLAN W. FUHR Name:

Address: 6833 N. CONTRAC AVE Address:

PHOENIX AZ 85012

Date taking office: Date taking office:

Name: Name:

Address: Address:

Date taking office: Date taking office:

2/12/07

To: AZ CORP. COMMISSION

C/O THERESA

FAX: 602 542 0082

Re: Central Avenue Estates Homeowners Assoc, Inc - 0214537-6

Theresa

Thank you for talking with me today.

Enclosed is the 2006 Financial Statement for the Central Ave. Estates Annual Report for 2006.

Please add this financial statement to the Report.

I believe this completes our 2006 filing.

We're sorry for the mix up and thank you for your help.

If you have any questions please call at 602 381 8580

Sincerely

Bryce D. Pearsall Treasurer
6845 N. Central
Phoenix Az 85012

2006 Financial Statement

AZ Form 99 (2005) Page 2 CENTRAL AVENUE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Schedule A - Balance Sheet

Note: *Amounts used in attached schedules and in this column should be end of year amounts.*				12/31/2004 (a) Beginning of year			12/31/2005 (b) End of year	
Assets								
A1	Cash			1608 00		A1	502 00	
A2a	Accounts receivable	A2a	00					
	b Less: allowance for doubtful accounts	A2b	00					
	c Line A2a less line A2b. Enter difference in column (b)			00		A2c	00	
A3a	Other notes and loans receivable - *attach schedule*	A3a	00					
	b Less: allowance for doubtful accounts	A3b	00					
	c Line A3a less line A3b. Enter difference in column (b)			00		A3c	00	
A4	Inventories			00		A4	00	
A5	Investments (securities) - *attach schedule*			00		A5	00	
A6	Investments (other) - *attach schedule*			00		A6	00	
A7a	Land, buildings, and equipment; basis	A7a	00					
	b Less: accumulated depreciation - *attach schedule*	A7b	00					
	c Line A7a less line A7b. Enter difference in column (b)			00		A7c	00	
A8	Other assets - *describe* _____			00		A8	00	
A9	**Total assets - *add lines A1 through A8***			1608 00		A9	502 00	
Liabilities								
A10	Accounts payable and accrued expenses			00		A10	00	
A11	Mortgages and other notes payable - *attach schedule*			00		A11	00	
A12	Other liabilities - *describe*			00		A12	00	
A13	**Total liabilities - *add lines A10 through A12***			00		A13	00	
Net Assets								
A14	Capital stock or trust principal			00		A14	00	
A15	Paid-in or capital surplus			00		A15	00	
A16	Retained earnings or accumulated income			1608 00		A16	502 00	
A17	**Total net assets - *add lines A14 through A16***			1608 00		A17	502 00	
A18	**Total liabilities and net assets - *add lines A13 and A17***			1608 00		A18	502 00	

Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

(SUBSTITUTE BALANCE SHEET FOR ARIZONA CORPORATION COMMISSION)

Please Sign Here Signature of officer | Date: 2/22/06 | Title: TREASURER

Paid Preparer's Use Only

Preparer's signature | Date

Firm's name (or preparer's, if self-employed) | Preparer's TIN

Firm's address | Zip code

ADOR 91-0022 (05)
STF AZ30707F.2

2/12/07

TO: AZ CORP. COMMISSION
c/o THERESA.

Please change the address of the Central Avenue Estates Homeowners Association Inc. to:

Central Avenue Estates Homeowners Assoc. Inc.
6833 N. Central Ave.
Phoenix AZ
85012

Thank you

Bryce Pearsall. Treasurer

Please Enter Corporation Name: _____ File number _____ Page 3

02145374

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.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
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.

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 ARLAN W. FUHR **Date** 3/10/06 **Name** _____ **Date** _____

Signature _____ **Signature** _____

Title Pres. **Title** _____

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