



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

Arizona Corporation Commission



DUE ON OR BEFORE 04/16/1999

FY98-99

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 for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

-0223265-2

1. MICA HOMEOWNERS ASSOCIATION, INC. *c/o*
~~% SHIRLEY A TARPENNING~~
~~13334 BOLERO DR~~
SUN CITY WEST, AZ 85375

As of 1/1/2000 **RECEIVED**
Patterson Accounting, Inc.
13576 W. Camino Del Sol #16 APR 17 2000
Sun City West, AZ 85375-4427

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

MISSING 1998 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-3285!

Business Phone: _____ (Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: ~~SHIRLEY A TARPENNING~~
Street Address: ~~13334 BOLERO DR~~
(NOT P.O. BOX)
City, State, Zip: SUN CITY WEST

AS of 1/1/2000
Regine Patterson
% Patterson Accounting, Inc.
AZ ~~13576 W. Camino Del Sol #16~~
~~Sun City West, AZ 85375-4427~~

Use this box only if appointing a new Statutory Agent

AGC USE ONLY	
Fee	\$ <u>10</u>
Penalty	\$ _____
Renewal	\$ _____
Expedit	\$ _____
Resubmit	\$ <u>10</u>

IPR

4/18/00
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.

(X)

Regine Patterson
Signature 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 | ☐ 20. Manufacturing |
| ☐ 2. Advertising | ☐ 21. Mining |
| ☐ 3. Aerospace | ☐ 22. News Media |
| ☐ 4. Agriculture | ☐ 23. Pharmaceutical |
| ☐ 5. Architecture | ☐ 24. Publishing/Printing |
| ☐ 6. Banking/Finance | ☐ 25. Ranching/Livestock |
| ☐ 7. Barbers/Cosmetology | ☐ 26. Real Estate |
| ☐ 8. Construction | ☐ 27. Restaurant/Bar |
| ☐ 9. Contractor | ☐ 28. Retail Sales |
| ☐ 10. Credit/Collection | ☐ 29. Science/Research |
| ☐ 11. Education | ☐ 30. Sports/Sporting Events |
| ☐ 12. Engineering | ☐ 31. Technology(Computers) |
| ☐ 13. Entertainment | ☐ 32. Technology(General) |
| ☐ 14. General Consulting | ☐ 33. Television/Radio |
| ☐ 15. Health Care | ☐ 34. Tourism/Convention Services |
| ☐ 16. Hotel/Motel | ☐ 35. Transportation |
| ☐ 17. Import/Export | ☐ 36. Utilities |
| ☐ 18. Insurance | ☐ 37. Veterinary Medicine/Animal Care |
| ☐ 19. Legal Services | ☐ 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. NONE

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

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.

Name: SA J.

Name: _____

NONE

Name: _____

Name: _____

7. OFFICERS (If no changes since last report, check here _____ and go on to Section 8.)

Name: ~~MARY MULLANEY~~ John Tofilow
 Title: ~~PRESIDENT/CEO~~
 Address: ~~13160 COUNTRYSIDE DR~~ 18503 MICA
SUN CITY, AZ 85375

Name: ~~MARY FRYE~~ George Lewis
 Title: ~~VICE-PRESIDENT~~
 Address: ~~18511 MICA DR~~ 13263 COUNTRYSIDE
SUN CITY, AZ 85375-

Date taking office: ~~01/01/1996~~ 1/1/2000
 Name: ~~DAVID BASS~~ Dean Klopp
 Title: ~~SECRETARY~~
 Address: ~~13279 COUNTRYSIDE DR~~ 13338 Bolero
SUN CITY, AZ 85375-

Date taking office: ~~01/01/1996~~ 1/1/00
 Name: ~~DAVID BASS~~ Dean Klopp
 Title: ~~TREASURER~~
 Address: ~~13279 COUNTRYSIDE DR~~ 13338 Bolero
SUN CITY, AZ 85375-

Date taking office: ~~01/01/1996~~ 1/1/2000

Date taking office: ~~01/01/1996~~ 1/1/00

8. DIRECTORS (If no changes since last report, check here _____ and go on to Section 9.)

Name: DEAN KLOPP
 Address: 13338 BOLERO
SUN CITY, AZ 85375-

Name: ~~MARY FRYE~~ George Lewis
 Address: ~~18511 MICA DR~~ 13263 COUNTRYSIDE
SUN CITY, AZ 85375-

Date taking office: 01/01/1994

Date taking office: ~~01/01/1993~~ 1/1/00

Name: ~~SPIKE TOMLINSON~~ John Tofilow
 Address: ~~13302 BOLERO~~ 18503 MICA
SUN CITY, AZ 85375-

Name: _____
 Address: _____

Date taking office: ~~01/01/1994~~ 1/1/00

Date taking office: _____

1000	BANK ONE - CHECKING	3,993.25
1212	WORLD SAVINGS - CD	20,522.86
3	SUN CITY BANK - CD	5,000.00

TOTAL ASSETS

29,516.11

3000	RETAINED EARNINGS	28,874.56
3030	Current Year Earnings/Loss	641.55

TOTAL CAPITAL

29,516.11

TOTAL LIABILITIES + CAPITAL

29,516.11

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Only nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only

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 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 profit 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 (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box must be marked:

YES ☐

NO ☒

If YES, enter the following:

Chapter _____ Date Filed _____ Case Number _____

If "YES", 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. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures 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 John Tofilon Date 4-13-08 Name Dean A. Klopp Date 4-13-08

Signature [Signature] Signature [Signature]

Title PRESIDENT Title Sec - Treas

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