



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

Arizona Corporation Commission



00462724

DUE ON OR BEFORE 04/16/2002

FY01-02

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.

RECEIVED

MAR 19 2002



ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0223265-2
MICA HOMEOWNERS ASSOCIATION, INC.
% PATTERSON ACCOUNTING INC
13576 W CAMINO DEL SOL #16
SUN CITY WEST, AZ 85375-4427

Business Phone: _____ (Business phone is optional.)
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: **PATTERSON ACCOUNTING INC**
Street Address: **13576 W CAMINO DEL SOL #16**
SUN CITY WEST, AZ 85375-4427
City, State, Zip:

Use this box only if appointing a new Statutory Agent

ACC USE ONLY 1P2

Fee \$ 10 3-21-02

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

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

- 369141
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.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

N/A

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.**

NONE

Name: _____

Name: _____

Name: _____

Name: _____

7. OFFICERS Please Type or Print Clearly.

Name:

JOHN TOFILON

Title:

PRESIDENT

Address:

18503 PLICA

Sun City West, Az 85375

Date taking office:

1/00

Name:

DAVID MITCHELL

Title:

Treasurer

Address:

13279 Countryside Drive

Sun City West, Az 85375

Date taking office:

01/02

Name:

LOIS BECKER

Title:

Vice President

Address:

13281 Countryside Drive

Sun City West Az 85375

Date taking office:

9/00

Name:

NATALIE M. ORTIZ

Title:

SECRETARY

Address:

13314 Bolero

Sun City West, Az 85375

Date taking office:

01/02

8. DIRECTORS Please Type or Print Clearly.

Name:

CRAIG LESLIE

Address:

13334 Bolero

Sun City West, Az 85375

Date taking office:

01/02

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

BALANCE SHEET
January 2001
Prepared For Property: Mica HOA
Mica HOA

1000	Bank One Checking	10,333.55	
1200	Wells Fargo (MM) Ptg/Pv Resv	6,476.82	
1201	Wells Fargo (CD) Ptg/Pv Resv	23,000.00	
1202	Wells Fargo (CD) Ptg/Pv Resv	6,000.00	
Total Assets			<u>45,810.37</u>
3000	Retained Earnings	44,986.94	
3999	Current Year Earnings/Loss	823.43	
Total Capital			<u>45,810.37</u>
Total Liabilities plus Capital			<u>45,810.37</u>

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

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 ☒

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 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 LOIS BECKER Date 3/9/02 Name NATALIE M. ORTIZ Date 3/9/02

Signature Lois Becker V.P. Signature Natalie M. Ortiz

Title VICE PRESIDENT Title Sec.

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