AZ Corp. Commission
02442909

WEB FORM COPY

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

DUE ON OR BEFORE 04/10/2008 **FY07-08** **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. -0240194-2

BROKEN ARROW DRIVE HOMEOWNERS ASSOCIATION, INC.
% REGINE PATTERSON
13576 CAMINO DEL SOL #16
SUN CITY WEST, AZ 85375

RECEIVED
MAY 27 2008
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

2.

Statutory Agent:	REGINE PATTERSON	Physical Address, If Different.	
Mailing Address:	13576 W CAMINO DEL SOL #16	Physical Address:	
City, State, Zip:	SUN CITY WEST, AZ 85375-4427	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. ■ 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)
0		
0		

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)
0		
0		

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: _____ Name: _____

NONE ☑

Name: _____ Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: *JIM EGBERT*
Title: PRESIDENT/CEO
Address: 13413 W CARAWAY DR
SUN CITY WEST, AZ 85375
Date taking office: 2/14/2007

Name: NANCY STEVENS
Title: SECRETARY
Address: 13342 W BROKEN ARROW DR
SUN CITY WEST, AZ 85375
Date taking office: 2/14/2007

Name: *ANNE BELLAN*
Title: *VICE PRES*
Address: *13311 W BROKEN ARROW DRIVE*
SUN CITY WEST, AZ 85375
Date taking office: *2/1/2008*

Name: *BOB SEEGMILLER*
Title: *TREASURER*
Address: *13433 W CARAWAY DRIVE*
SUN CITY WEST, AZ 85375
Date taking office: *2/1/2008*

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: *DEE BILLEDEAUX*
Address: *13315 W BROKEN ARROW DR*
SUN CITY WEST, AZ 85375
Date-taking office: *2/1/2008*

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

OPERATING STATEMENT

December 2007

Prepared For Property: Broken Arrow Drive HOA

Broken Arrow Drive HOA

		Current Month			Year To Date		
		Actual	Budget	Variance ($)	Actual	Budget	Variance ($)
Income							
4000	Assessment Income	6,905.00	7,350.00	(445.00)	89,385.00	88,200.00	1,185.00
4460	Interest Inc. Compass Bank	0.00	107.00	(107.00)	1,515.64	1,284.00	231.64
4602	Edward Jones Dividends	56.36	0.00	56.36	595.42	0.00	595.42
4800	Unrealized Gain/Loss (E J)	(5.38)	0.00	(5.38)	10.87	0.00	10.87
4990	Other Income	0.00	8.34	(8.34)	100.00	100.00	0.00
	TOTAL INCOME	6,955.98	7,465.34	(509.36)	91,606.93	89,584.00	2,022.93
Expenses							
5100	Accounting Fees	227.50	227.50	0.00	2,712.50	2,730.00	(17.50)
5120	Administrative Expense	8.72	77.84	(69.12)	888.95	934.00	(45.05)
5135	Bank Fees	0.00	0.00	0.00	221.26	0.00	221.26
5180	Electricity	125.73	120.00	5.73	1,407.78	1,440.00	(32.22)
5200	Gardening Contract	2,520.00	2,520.00	0.00	30,240.00	30,240.00	0.00
5210	Gardening Services Addt'l	0.00	100.00	(100.00)	1,243.50	1,200.00	43.50
5220	Shrub/Plant Rem/Repl-Labor	30.00	100.00	(70.00)	2,985.00	1,200.00	1,785.00
5221	Shrubs/Plants - Purchased	104.17	15.00	89.17	1,138.00	180.00	958.00
5223	Storm Damage - Tree Purchase	119.11	0.00	119.11	39.11	0.00	39.11
5224	Tree Remove/Replace - Labor	490.00	200.00	290.00	3,715.00	2,400.00	1,315.00
5225	Trees Replaced - Purchase	0.00	66.68	(66.68)	1,380.33	800.00	580.33
5226	Tree Trim Contract - Labor	2,100.00	2,100.00	0.00	25,200.00	25,200.00	0.00
5230	Gardening Material	0.00	150.00	(150.00)	2,438.09	1,800.00	638.09
5240	Insurance	0.00	152.00	(152.00)	2,149.00	1,824.00	325.00
5280	Repairs, Miscellaneous	0.00	25.00	(25.00)	0.00	300.00	(300.00)
5360	Irrigation Maint. - Labor	125.00	110.00	15.00	2,480.00	1,320.00	1,160.00
5361	Irrigation Maint.- Material	63.33	150.00	(86.67)	5,515.23	1,800.00	3,715.23
5460	Taxes - Corporate Fees	0.00	50.00	(50.00)	672.10	600.00	72.10
5500	Trash Removal	805.00	805.00	0.00	9,660.00	9,660.00	0.00
5520	Water	0.00	829.66	(829.66)	13,877.74	9,956.00	3,921.74
5600	Exp-Prev Ret Earnings	0.00	(333.34)	333.34	0.00	(4,000.00)	4,000.00
	TOTAL EXPENSES	6,718.56	7,465.34	(746.78)	107,963.59	89,584.00	18,379.59
	NET OPERATING INCOME	237.42	0.00	237.42	(16,356.66)	0.00	(16,356.66)

BALANCE SHEET

December 2007

Prepared For Property: Broken Arrow Drive HOA

Broken Arrow Drive HOA

1002	Edward Jones Ckg 96-1-2	8,595.31	
1121	Edward Jones C D	13,010.87	
1125	Comp CD Rest'd Rsv 5927	5,407.97	
	Total Assets		27,014.15
3000	Trees/Irr/Walks/Rock	38,170.82	
3100	Rst'd Rsv Wall Maint	5,199.99	
3999	Current Year Earnings/Loss	(16,356.66)	
	Total Capital		27,014.15
	Total Liabilities plus Capital		27,014.15

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 ANNE BELLAN **Date** 5/14/08 **Name** _____ **Date** _____

Signature Anne Bellan **Signature** _____

Title VICE PRESIDENT **Title** _____

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