



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



DUE ON OR BEFORE 07/27/2005

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.

RECEIVED

RECEIVED

-0244922-4

HEATHERBRAE HOUSE UNIT TWO CONDOMINIUM ASSOCIATION

% SONORAN DESERT PROPERTY MANA

PO BOX 20170

SCOTTSDALE, AZ 85269

AUG 18 2005

MAY 24 2005

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: (480) 816-9651 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: BETH MULCAHY

Physical Address, If Different.

Mailing Address: 1232 E MISSOURI AVE

Physical Address:

City, State, Zip: PHOENIX, AZ 85014-2912

City, State, Zip:

ACC USE ONLY

Fee \$ 10

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: 1007851 1068640

(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. **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 ☒ NONE ☐ Name: _____ Name: _____

Name: _____ Name: _____

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

Name: DAVID HYDE

Title: PRESIDENT / TREASURER

Address: P.O. Box 17918
Fountain Hills, AZ. 85269

Date taking office: 5/2004

Name: IRIS PLETKOVICH

Title: Vice-President
7720 E. HEATHERBRAE #1

Address: Scottsdale, AZ. 85251

Date taking office: 5/2004

Name: MARIA GALL

Title: SECRETARY

Address: 7720 E. HEATHERBRAE #1
Scottsdale, AZ. 85251

Date taking office: 5/2004

Name: _____

Title: _____

Address: _____

Date taking office: _____

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

Name: KATHI WRIGHT

Address: 7720 E. Heatherbrae #13
Scottsdale, AZ. 85251

Date taking office: 5/2004

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

HEATHERBRAE HOUSE II
SCOTTSDALE, AZ

BALANCE SHEET

April 30, 2005

****ASSETS****

CURRENT ASSETS

CASH OPERATING

\$2,514.77

CASH IN BANK RESERVES

\$9,124.43

TOTAL CURRENT ASSETS

\$ 11,639.20

TOTAL ASSETS

\$11,639.20

****RESERVE EQUITY****

RESERVE EQUITY

TOTAL RESERVE EQUITY

\$ 9,118.81

\$ 9,124.43

****EQUITY****

PRIOR YEAR - RETAINED EARNINGS

\$ 1,222.08

CURRENT YEAR - PROFIT/LOSS

\$ 1,292.69

TOTAL EQUITY

\$ 11,639.20

TOTAL LIABILITY/EQUITY

\$ 11,639.20

HEATHERBRAE HOUSE II

7720 E. Heatherbrae
Scottsdale, AZ. 85251COMPARATIVE INCOME TO BUDGET - YEAR TO DATE
From April 01, 2005 Thru April 30, 2005

	One Month			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
INCOME						
HOMEOWNER MAINTENANCE	3455.00	3875.00	-420.00	3455.00	3875.00	-420.00
INTEREST INCOME	5.78	0.00	5.78	5.78	0.00	5.78
LATE PAYMENT CHARGES	0.00	0.00	0.00	0.00	0.00	0.00
MISC INCOME	125.00	0.00	125.00	125.00	0.00	125.00
TOTAL INCOME	3585.78	3875.00	-289.22	3585.78	3875.00	-289.22
EXPENSES						
GENERAL & ADMINISTRATIVE						
ACCTG & MGMT FEES	250.00	250.00	0.00	250.00	250.00	0.00
POSTAGE	26.53	29.00	2.47	26.53	29.00	2.47
PRINTING/COPIES	32.80	72.00	39.20	32.80	72.00	39.20
OFFICE SUPPLIES	17.78	23.00	5.22	17.78	23.00	5.22
AUDIT & TAX PREP	0.00	0.00	0.00	0.00	0.00	0.00
PERMITS & LICENSES	0.00	0.00	0.00	0.00	0.00	0.00
BANK CHARGES	15.00	15.00	0.00	15.00	15.00	0.00
INCOME/PROP TAXES	0.00	0.00	0.00	0.00	0.00	0.00
ASSOC INSURANCE	0.00	445.00	445.00	0.00	445.00	445.00
LEGAL FEES	296.92	72.00	-224.92	296.92	72.00	-224.92
TOTAL GENERAL & ADMIN	639.03	906.00	266.97	639.03	906.00	266.97
MAINTENANCE & REPAIR						
EXTERMINATING	75.00	75.00	0.00	75.00	75.00	0.00
MISC MAINT/REPAIR	0.00	0.00	0.00	0.00	0.00	0.00
MINCE/REPAIR BLDG	0.00	150.00	150.00	0.00	150.00	150.00
ELECTRICAL REPAIR	0.00	98.00	98.00	0.00	98.00	98.00
ROOF MAINTENANCE	0.00	122.00	122.00	0.00	122.00	122.00
TOTAL MAINT & REPAIR	75.00	445.00	370.00	75.00	445.00	370.00
LANDSCAPE MAINTENANCE						
LANDSCAPING/LAWN SERVICE	500.00	500.00	0.00	500.00	500.00	0.00
SPRINKLER REPAIR	0.00	148.00	148.00	0.00	148.00	148.00
LANDSCAPE SUPPLIES	0.00	84.00	84.00	0.00	84.00	84.00
TREE MAINTENANCE	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL LANDSCAPE MAINTENANCE	500.00	732.00	232.00	500.00	732.00	232.00
POOL MAINTENANCE						
POOL SERVICE	80.00	80.00	0.00	80.00	80.00	0.00
POOL REPAIRS	0.00	50.00	50.00	0.00	50.00	50.00
POOL SUPPLIES	0.00	29.00	29.00	0.00	29.00	29.00
TOTAL POOL MAINTENANCE	80.00	159.00	79.00	80.00	159.00	79.00

	One Month			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
UTILITIES						
ELECTRIC	159.00	159.00	0.00	159.00	159.00	0.00
WATER	679.60	702.00	22.40	679.60	702.00	22.40
REFUSE	160.46	150.00	-10.46	160.46	150.00	-10.46
TOTAL UTILITIES	999.06	1011.00	11.94	999.06	1011.00	11.94
TRANSFER TO RESERVES	166.00	166.00	0.00	166.00	166.00	0.00
TOTAL EXPENSES	2293.09	3253.00	959.91	2293.09	3253.00	959.91
TOTAL PROFIT/LOSS	1292.69	622.00	670.69	1292.69	622.00	670.69

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.6 & 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 <u>DAVID HYDE</u>	Date <u>5/18/05</u>	Name <u>Chris Letkovich</u>	Date <u>5-18-05</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Title <u>President</u>		Title <u>Vice-President</u>	

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