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

Arizona Corporation Commission

00518611

DUE ON OR BEFORE 06/05/2002 **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.

1. -0503436-0
CASAS DEL PANTANO HOMEOWNERS ASSOCIATION, INC.
625 S PRUDENCE RD #104
TUCSON, AZ 85710

RECEIVED
MAY 16 2002
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

RECEIVED
JUL - 1 2002
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: AARON SEVERSON
Street Address: 625 S PRUDENCE RD #104
TUCSON, AZ 85710
City, State, Zip:

NO$ 7-3-02 IPR 5/17/02

Use this box only if appointing a new Statutory Agent

ACC USE ONLY
Fee $ 10
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

399603 422187

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.

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. **Please Type or Print Clearly.**

Name: _____ **Name:** _____

NONE ☒

Name: _____ **Name:** _____

7. **OFFICERS** **Please Type or Print Clearly.**

Name: SHIRLEY SOUCEK **Name:** _____

Title: SECRETARY Title: _____

Address: 625 S. PROVENCE RD #107 Address: _____
TUCSON AZ 85710

Date taking office: 3/15/98 Date taking office: _____

Name: RICHARD IVANECKY **Name:** _____

Title: Vice Pres. Title: _____

Address: 625 S. PROVENCE RD. #209 Address: _____
TUCSON, AZ 85710

Date taking office: 3/15/98 Date taking office: _____

8. **DIRECTORS** **Please Type or Print Clearly.**

Name: JOSE GUZMAN **Name:** _____

Address: 625 S. PROVENCE RD #106 Address: _____
TUCSON, AZ 85710

Date taking office: _____ Date taking office: _____

Name: _____ **Name:** _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

National Brand 45-604 Eye-Ease® 45-304 2 - Pack Made in USA

Annual Financial Report

5/13/02

	Initials	Date
Prepared By		
Approved By		

Acct.	Date	Amt.
Bal in Reg Checking	4/30/02	1,281.93
Bal in Savings Acct	4/30/02	2,012.61
Bal in Carport Savings Acct	4/30/02	8,430.22
Assets - Total		$ 11,724.76
Past Due Fees As of 4/30/02		$ 7500
Current Liabilities - Unpaid Bills		0
2001 Expenses - Pool		1,200.00
" " Water - Sewer		6,576.32
" " Landscaping		3,419.70
" " Misc		10,676.96
" " Tax - Elec		2,795.32
Pest Control		345.60
		$ 24,813.90
2001 Fees		24,110.00

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.
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 (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 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 AARON SEVERSON **Date** 6/13/02 **Name** _____ **Date** _____

Signature X Aaron M Severson **Signature** _____

Title PRESIDENT **Title** _____

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