



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

Arizona Corporation Commission



00663337

DUE ON OR BEFORE 04/07/2003

FY02-03

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. -0512218-4
PALOMA DEL SOL HOMEOWNERS ASSOCIATION
% CADDEN COMMUNITY MANAGEMENT
1870 W PRINCE RD #47
TUCSON, AZ 85705

RECEIVED

MAR 28 2003

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: 520-297-0797 (Business phone is optional)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Statutory Agent: **F MICHAEL CADDEN**
Mailing Address: ~~11022 N RODEE PL~~
City, State, Zip: ~~TUCSON, AZ 85737~~

Physical Address, If Different.
Physical Address:
City, State, Zip:

CADDEN COMMUNITY MANAGEMENT
1870 W. PRINCE RD. #47
TUCSON, AZ 85705

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

IPR
3/21/03

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

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 | | NON-PROFIT CORPORATIONS |
|---|--|---|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing | 1. <input type="checkbox"/> Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining | 2. <input type="checkbox"/> Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media | 3. <input type="checkbox"/> Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical | 4. <input type="checkbox"/> Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing | 5. <input type="checkbox"/> Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock | 6. <input type="checkbox"/> Religious |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate | 7. <input type="checkbox"/> Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar | 8. <input type="checkbox"/> Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales | 9. <input type="checkbox"/> Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research | 10. <input type="checkbox"/> Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events | 11. <input type="checkbox"/> Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) | 12. <input type="checkbox"/> Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) | 13. <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio | 14. <input type="checkbox"/> Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services | 15. <input checked="" type="checkbox"/> Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation | 16. <input type="checkbox"/> Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities | 17. <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ | |

565484

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 examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. 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**. **Please Print or Type Clearly.**

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. You Must List at Least One.

Name: _____
Robert Meinhardt
Title: _____
President
Address: _____
6140 Via del Tecaco
Tucson, AZ 85718

Name: _____
Robert DeLay
Title: _____
Vice President
Address: _____
4121 Via del Cuculin
Tucson, AZ 85718

Date taking office: 1/02

Date taking office: 1/02

Name: _____
Pat Carrico
Title: _____
Secretary
Address: _____
6207 Via de la Tortola
Tucson, AZ 85718

Name: _____
Pat Carrico
Title: _____
Treasurer
Address: _____
6207 Via de la Tortola
Tucson, AZ 85718

Date taking office: 1/02

Date taking office: 1/02

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

Name: _____
Address: _____
Bert Underwood
6224 Via de la Trotola
Tucson, AZ 85718

Name: _____
Address: _____
Gail Wood
6219 Via de la Tortola
Tucson, AZ 85718

Date taking office: 1/03

Date taking office: 1/03

Name: _____
Address: _____

Name: _____
Address: _____

Date taking office: _____

Date taking office: _____

**Balance Sheet (Cash)
Consolidated Statement
Mar 2003**

Page 1
PDS
3/27/03
11:17 AM

ASSETS

CASH

So Az Bank Operating Account 4,424.96
So Az Bank MM Reserve 35,955.86

TOTAL CASH 40,380.82

2003 Capital Improvement 2,466.09
Clearing Acct-H.O. Wall Paint 200.00

TOTAL ASSETS 43,046.91

MEMBERS EQUITY

Current Yr Excess/Deficit -1,122.93
Fund Balance 44,169.84

TOTAL MEMBERS EQUITY 43,046.91

TOTAL LIAB. & EQUITY 43,046.91

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. | 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, 10-3202.02, 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 either by election or appointment as an officer, director, trustee, incorporator and/or 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 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 Robert Meinhardt Date 3/18/03 Name Pat Carrico Date 3/18/03
 Signature [Signature] Signature [Signature]
 Title President Title Treasurer

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