



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

Arizona Corporation Commission



00483033

DUE ON OR BEFORE 04/21/2002

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. -0515014-6

CASAS PRESIDIO HOMEOWNERS ASSOCIATION, INC.
PO BOX 57610
TUCSON, AZ 85732-7610

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APR 12 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

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JUN - 5 2003

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: **DORI J LOCKE**
Street Address: **4803 E 5TH ST #103**
TUCSON, AZ 85711-2112
City, State, Zip:

Uno \$ 666/02

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.)

383/63 408851

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. Raising/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)
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Number of Shares/Certificates Issued	Class	Series Within Class (if any)
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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: <u>Lyle Marcks</u>	Name: <u>Catherine Laughlin</u>
Title: <u>President</u>	Title: <u>Vice President</u>
Address: <u>3093 N. Sparkman Blvd.</u>	Address: <u>3061 N. Sparkman Blvd.</u>
<u>Tucson, AZ 85716</u>	<u>Tucson, AZ 85716</u>
Date taking office: <u>2/22/01</u>	Date taking office: <u>2/22/01</u>
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
_____	_____
Date taking office: _____	Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

Name: <u>Nelda McEnaney</u>	Name: <u>Thomas Jung</u>
Address: <u>3019 N. Sparkman Blvd.</u>	Address: <u>3047 N. Sparkman Blvd.</u>
<u>Tucson, AZ 85716</u>	<u>Tucson, AZ 85716</u>
Date taking office: <u>2/22/01</u>	Date taking office: <u>2/22/01</u>
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Date taking office: _____	Date taking office: _____

Trial Balance (Cash)
CASAS PRESIDIO - (LCASASPR)
Months: Jan 2001 - Dec 2001

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	Balance Forward	Debit	Credit	Ending Balance
1110 Cash-Checking	2,544.14		1,300.72	1,243.42
2602 Prev yrs transfer to	30.00			30.00
2609 Previous yrs interest	-920.52		47.66	-968.18
2610 Interest Earned	-47.66	47.66		0.00
2611 Savings to checking (JE)	9,637.75			9,637.75
2615 Tran savings to checking	-9,637.75			-9,637.75
2625 Transfer to savings	2,965.53			2,965.53
2627 Checking to savings (JE)	-2,965.53			-2,965.53
2628 Bank Charges Saving Acct	23.00			23.00
2710 Retained Earnings	-1,628.96			-1,628.96
3110 Association Dues	0.00		33,553.02	-33,553.02
3235 NSF Charges	0.00		50.00	-50.00
3250 Special Assessment	0.00		11,932.00	-11,932.00
3255 Fines	0.00		25.00	-25.00
3411 Late Fee	0.00		945.00	-945.00
3890 Key Deposit	0.00		36.00	-36.00
4010 Management Commission	0.00	4,800.00		4,800.00
4025 Legal	0.00	669.90		669.90
4031 Pool Permits	0.00	173.00		173.00
4050 Postage	0.00	301.62		301.62
4051 Printing	0.00	196.10		196.10
4055 Office Expenses	0.00	145.85		145.85
4070 Bank Charges	0.00	30.50		30.50
4075 Accounting Fees	0.00	190.00		190.00
4092 Annual Meeting	0.00	100.00		100.00
4095 Signs	0.00	108.03		108.03
4110 Maintenance Payroll	0.00	906.00		906.00
4120 Landscape Payroll	0.00	9,876.50		9,876.50
4130 Payroll Taxes	0.00	1,496.46		1,496.46
4205 Electric	0.00	3,801.64		3,801.64
4210 Gas	0.00	1,153.50		1,153.50
4215 Water & Sewer	0.00	1,744.76		1,744.76
4310 Pool Contract	0.00	1,500.00		1,500.00
4320 Landscape Contract	0.00	120.00		120.00
4405 Electrical Repairs	0.00	229.65		229.65
4410 Plumbing Repairs	0.00	367.90		367.90
4412 Irrigation	0.00	75.56		75.56
4413 Tree Service	0.00	1,110.00		1,110.00
4430 Pool/Jacuzzi Repairs	0.00	2,469.84		2,469.84
4450 Keys/Locks	0.00	91.46		91.46
4460 Roads	0.00	4,485.00		4,485.00
4465 Masonry/Wall tile	0.00	35.00		35.00
4470 Fences	0.00	3,554.70		3,554.70
4490 Other Repairs	0.00	1,982.41		1,982.41
4505 Hardware Supplies	0.00	85.73		85.73
4510 Paint Supplies	0.00	3.08		3.08
4515 Pool Supplies	0.00	358.39		358.39
4516 Landscape Supplies	0.00	912.21		912.21
4530 Electrical Supplies	0.00	113.34		113.34
4535 Mailboxes	0.00	1,000.00		1,000.00
4590 Other Supplies	0.00	47.00		47.00
4610 State Taxes	0.00	60.00		60.00

Trial Balance (Cash)
CASAS PRESIDIO - (LCASASPR)
Months: Jan 2001 - Dec 2001

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	Balance Forward	Debit	Credit	Ending Balance
4620 Real Property Tax	0.00	206.65		206.65
4630 Insurance	0.00	3,339.96		3,339.96
	0.00	47,889.40	47,889.40	0.00

Please Enter Corporation Name: _____

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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.

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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.
- 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 Markus Date 3/13/07 Name _____ Date _____
Signature [Signature] Signature _____
Title President Title _____

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