AZ Corp. Commission
01904985

WEB FORM COPY

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

DUE ON OR BEFORE 04/05/2007 FY06-07 **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. -0721072-6
PATRICK RANCH COMMUNITY ASSOCIATION, INC.
% ROSSMAR & GRAHAM COMMUNITY
9362 E RAINTREE DR
SCOTTSDALE, AZ 85260

RECEIVED
FEB 27 2007
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

* MISSING 2006 ANNUAL REPORT; QUESTIONS? CALL THE COMMISSION AT 602-542-3285!
Business Phone: _____ (Business phone is optional.)
State of Domicile: ARIZONA **Type of Corporation:** NON-PROFIT

2.

Statutory Agent:	ROSSMAR MANGEMENT COMPANY	Physical Address, If Different.	
Mailing Address:	9362 E RAINTREE DR	Physical Address:	
City, State, Zip:	SCOTTSDALE, AZ 85260	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	___ 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. 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. 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)
	N/A	

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)
	N/A	

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 PRINT OR TYPE CLEARLY.

NONE ☑ **Name:** _____ **Name:** _____

Name: _____ **Name:** _____

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

Name: Keith McDonald
Title: President
Address: ROSSMAR & GRAHAM 9362 E. RAINTREE DRIVE SCOTTSDALE, AZ 85260-2098 (480) 551-4300
Date taking office: 11/04

Name: Mary Platt
Title: Vice President
Address: ROSSMAR & GRAHAM 9362 E. RAINTREE DRIVE SCOTTSDALE, AZ 85260-2098 (480) 551-4300
Date taking office: 11/05

Name: Cindy Bisdorf
Title: Secretary
Address: ROSSMAR & GRAHAM 9362 E. RAINTREE DRIVE SCOTTSDALE, AZ 85260-2098 (480) 551-4300
Date taking office: 11/04

Name:
Title:
Address:
Date taking office:

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

Name: Ken Thompson
Address: ROSSMAR & GRAHAM 9362 E. RAINTREE DRIVE SCOTTSDALE, AZ 85260-2098 (480) 551-4300
Date taking office: 11/06

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

Name:
Address:
Date taking office:

636 PATRICK RANCH HOA
BALANCE SHEET
12/31/2006

ROSSMAR & GRAHAM CAM
9362 E RAINTREE DR
SCOTTSDALE AZ 85260

ASSETS		
OPERATING FUNDS		
FNB OPERATING	15,682.40	
FNB SAVINGS OPERATING	7,393.95	
TOTAL OPERATING FUNDS		23,076.35
RESERVE FUNDS		
FNB RESERVE SAVINGS GENERAL	3,333.03	
TOTAL RESERVE FUNDS		3,333.03
TOTAL ASSETS		26,409.38
LIABILITIES & EQUITY		
HOMEOWNERS EQUITY		
RESERVE EQUITY		
GENERAL	3,294.14	
RESERVE INTEREST	38.89	
TOTAL RESERVE EQUITY		3,333.03
OPERATING SURPLUS/(DEFICIT)		
P/Y SURPLUS(DEFICIT)	25,294.47	
CURRENT SURPLUS/(DEFICIT)	(2,218.12)	
TOTAL SURPLUS/(DEFICIT)		23,076.35
TOTAL LIABILITIES & EQUITY		26,409.38

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 MARY PLATT **Date** 2/16/07 **Name** _____ **Date** _____

Signature Mary Platt **Signature** _____

Title Vice President **Title** _____

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