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

Arizona Corporation Commission
00652909

DUE ON OR BEFORE **04/21/2003** **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.

RECEIVED
FEB 27 2003
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. **-0722574-5**
JUBILEE HOMEOWNERS' ASSOCIATION
% CHOICE PROPERTY MGMT
16814 N 33RD DR
PHORNIX, AZ 85053

Business Phone: 602-993-9701 (Business phone is optional.)
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

2. **Statutory Agent: MIKE MIELKE**
Mailing Address: 16814 N 33RD DR
City, State, Zip: PHOENIX, AZ 85053

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

ACC USE ONLY
Fee $ 10
Penalty $
Reinstate $
Expedite $
Resubmit $

IPR 3-4-03

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

547137

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. 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: See attached Sheet **Name:** _____

Title: _____ Title: _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

Name: _____ **Name:** _____

Title: _____ Title: _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

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

Name: _____ **Name:** _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

Name: _____ **Name:** _____

Address: _____ Address: _____

_____ _____

Date taking office: _____ Date taking office: _____

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JUBILEE
BOARD OF DIRECTORS LIST

NAME/ADDRESS	OFFICE	TERM
KEVIN VERKUIL 20816 N. 29TH DR. PHOENIX, AZ 85027 H#(623)581-7611 CELL#602)315-7367	PRESIDENT	2004
ROBERT SHAW 20620 N. 29TH DRIVE PHOENIX, AZ 85027 H.(623)780-8219 WK#602)763-2430	VICE PRESIDENT	2005
CRISTIE SEATON 2921 W. IRMA LANE PHOENIX, AZ 85027 H.#(623)587-8675 WK#(602)340-7272	TREASURER/SEC	2004
BRUCE CHANDLER 2924 W. IRMA LANE PHOENIX, AZ 85027 H.#(623)516-1001 WK# (602)953-7232	MEMBER AT LARGE	2005
JEFF NOBBE 2912 W. POTTER DR. PHOENIX, AZ 85027 H#623)587-1675 WK#602)282-6576	MEMBER AT LARGE	2006

UPDATE; 2-25-03

Jubilee HOA
Balance Sheet
January 31, 2003

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ASSETS

Current Assets			
Cash Operating	$ 5,442.48		
Total Current Assets			5,442.48
Property and Equipment			
Total Property and Equipment			0.00
Other Assets			
Total Other Assets			0.00
Total Assets		$	5,442.48

LIABILITIES AND CAPITAL

Current Liabilities			
Total Current Liabilities			0.00
Long-Term Liabilities			
Total Long-Term Liabilities			0.00
Total Liabilities			0.00
Capital			
Retained Earnings	$ 4,079.47		
Net Income	1,363.01		
Total Capital			5,442.48
Total Liabilities & Capital		$	5,442.48

Jubilee HOA
Income Statement
For the One Month Ending January 31, 2003

		Current Mo Actual	Current Mo Budget	Current Mo Variance	Y-T-D Actual	Y-T-D Budget	Y-T-D Varance
Income							
4010	Assessments	2,309.14	1,283.00	<1,026.14>	2,309.14	1,283.00	<1,026.14>
4030	Late Payment	155.00	0.00	<155.00>	155.00	0.00	<155.00>
4800	Reserve	125.86	57.00	<68.86>	125.86	57.00	<68.86>
	Total Income	2,590.00	1,340.00	<1,250.00>	2,590.00	1,340.00	<1,250.00>
Landscape Maintenance							
5010	Landscape	400.00	400.00	0.00	400.00	400.00	0.00
5120	Landscape Supplies	0.00	75.00	75.00	0.00	75.00	75.00
	Total Landscape	400.00	475.00	75.00	400.00	475.00	75.00
Pool Area Maint.							
	Total Pool Area Maint.	0.00	0.00	0.00	0.00	0.00	0.00
Utilities							
7010	Electric	26.82	28.00	1.18	26.82	28.00	1.18
7050	Water	45.38	100.00	54.62	45.38	100.00	54.62
	Total Utilities	72.20	128.00	55.80	72.20	128.00	55.80

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Jubilee HOA
Income Statement
For the One Month Ending January 31, 2003

		Current Mo Actual	Current Mo Budget	Current Mo Variance	Y-T-D Actual	Y-T-D Budget	Y-T-D Varance
General Maintenance							
8010	Maintenance & Repairs	95.00	20.00	<75.00>	95.00	20.00	<75.00>
	Total General Maintena	95.00	20.00	<75.00>	95.00	20.00	<75.00>
Administrative							
9010	Bank Charge	0.00	5.00	5.00	0.00	5.00	5.00
9030	Coupon Print	0.00	5.00	5.00	0.00	5.00	5.00
9040	Management	450.00	450.00	0.00	450.00	450.00	0.00
9050	Insurance	128.22	140.00	11.78	128.22	140.00	11.78
9060	Income Taxes	0.00	10.00	10.00	0.00	10.00	10.00
9100	Office supplies	29.90	15.00	<14.90>	29.90	15.00	<14.90>
9120	Postage	36.67	5.00	<31.67>	36.67	5.00	<31.67>
9180	Legal	0.00	10.00	10.00	0.00	10.00	10.00
9190	Meeting / Block Watch	0.00	10.00	10.00	0.00	10.00	10.00
9210	Collection Fee	15.00	10.00	<5.00>	15.00	10.00	<5.00>
9900	Reserve	0.00	57.00	57.00	0.00	57.00	57.00
	Total Administrative	659.79	717.00	57.21	659.79	717.00	57.21
	Total Expenses	1,226.99	1,340.00	113.01	1,226.99	1,340.00	113.01
	Net Income	1,363.01	0.00	<1,363.01>	1,363.01	0.00	<1,363.01>

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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, 10-3202.02, 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 Cristie Seaton **Date** 2/22/03 **Name** Kevin R. Verkuil **Date** 22 Feb 03

Signature [signature] **Signature** [signature]

Title Secretary/Treasurer **Title** President

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