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WEB FORM
COPY

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



DUE ON OR BEFORE 04/26/2006

FY05-06

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1522 & 10-1122 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. -0722897-0

ARIZONA BILTMORE HOTEL VILLAS CONDOMINIUMS ASSOCIATION
3101 N CENTRAL AVE 13TH FL
PHOENIX, AZ 85012

RECEIVED

APR 24 2006

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent:

Morrison Group Inc.

Physical Address, if Different:

Morrison Group

Mailing Address:

P.O. Box 39242

Physical Address:

5229 N. 7th Ave

City, State, Zip:

Phoenix, AZ 85069-9242

City, State, Zip:

Phx. AZ 85013

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstatement \$ _____

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
2. Advertising
3. Aerospace
4. Agriculture
5. Architecture
6. Banking/Finance
7. Barber/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. Benefactors
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. Homeowners' Association
16. Professional, commercial
17. Industrial or trade association
18. Other _____

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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)

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)

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: MARK FINNEY

Title: PRESIDENT

Address: 20 ALLEN AVE, STE 342

ST LOUIS, MO 63119

Date taking office: 12/6/04

Name: BOB BOYD

Title: SECRETARY/TREASURER

Address: 55 WILLOWBROOK

HUTCHINSON, KS 67502

Date taking office: _____

Name: W MATTHEW CROW

Title: VICE PRESIDENT

Address: 3101 N CENTRAL AVE, #1390

PHOENIX, AZ 85012

Date taking office: 11/12/03

Name: _____

Title: _____

Address: _____

Date taking office: _____

8. DIRECTORS Please type or print clearly. You must list at least one.

Name: LOUIS GOTTLIEB

Address: 439 LINKS DRIVE

NORTH HILLS, NY 11576

Date taking office: 11/12/03

Name: _____

Address: _____

Date taking office: _____

Name: RICHARD BARR

Address: 2502 E SOLANO DRIVE

PHOENIX, AZ 85021

Date taking office: 12/6/04

Name: _____

Address: _____

Date taking office: _____

Arizona Biltmore Hotel Villa Condominiums Association
Balance Sheet
December 31, 2005 and 2004

	<u>2005</u>	<u>2004</u>
ASSETS:		
Cash		
Checking	\$ 45,071	\$ 2,903
Money Market	174,577	89,013
Certificate of Deposit	<u>78,310</u>	<u>76,978</u>
Total Cash	297,958	168,894
Member Assessments Receivable	3,900	4,550
Prepaid Insurance	14,034	35,377
Utility Deposit	<u>10,000</u>	<u>10,000</u>
Total Assets	<u>\$ 325,892</u>	<u>\$ 218,821</u>
 LIABILITIES AND FUND BALANCE:		
Accounts Payable	23,299	8,087
Accrued Real Estate Taxes	-	9,253
Deferred Rental Income	<u>11,700</u>	<u>-</u>
Total Liabilities	34,999	17,340
Operating Fund Balance	<u>290,893</u>	<u>201,481</u>
Total Liabilities & Operating Fund Balance	<u>\$ 325,892</u>	<u>\$ 218,821</u>

See accompanying notes and auditor's report.

Please Enter Corporation Name: ARIZONA BILTMORE HOTEL VILLAS COND File number -0722897-0 Page 3

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.6 & 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; |
| 4. Prior addresses (for immediate preceding 7 year period). | 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?

One box must be marked: YES ☐ NO ☒

(Underlined portion pertains to business corporations only)

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 Mark Finney Date 4/21/06 Name _____ Date _____
 Signature Mark Finney Signature _____
 Title President Title _____
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)