



COPY

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

AZ Corp. Commission



00808738

DUE ON OR BEFORE 04/19/2003

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 on page 4 for proper format.

RECEIVED

OCT 03 2003

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. **-0737961-4**
CHAMPAGNE HOMEOWNERS ASSOCIATION, INC.
800 N SWAN RD
#110
TUCSON, AZ 85711

* **DELINQUENT ANNUAL REPORT 09/10/2003; CONTACT THE COMMISSION AT 602-542-3285!**

Business Phone: 520-325-9500 (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2. **Statutory Agent: CORNIE RAYNES**
Mailing Address: 800 N SWAN RD
#110
City, State, Zip: TUCSON, AZ 85711

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

NOV 10/16/03

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee \$	10 10/2/03
Penalty \$	
Reinstate \$	
Expedite \$	
Resubmit \$	

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

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OCT 16 2003

3. **Secondary Address:**

1609033 674538

(Foreign Corporations are **REQUIRED** to complete this section).

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

NON-PROFIT 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. Pharmaceuticals
- 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. Tele/alon/Radio
- 34. Tourism/Convention Services
- 35. Transportation
- 36. Utilities
- 37. Veterinary Medicine/Animal Care
- 38. Other

- 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. 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.

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.

Name: Name:

NONE

Name: Name:

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

Name: Shirley Canatsey
Title: President
Address: 3185 W. Champagne Drive Tucson, AZ 85745

Name: Ted Taubeneck
Title: V. President
Address: 3212 W. Champagne Drive Tucson, AZ 85745

Date taking office: 3/19/03

Date taking office: 3/19/03

Name: Marcel Davis
Title: Treasurer
Address: 164 N. Champagne Place Tucson, AZ 85745

Name:
Title:
Address:

Date taking office: 3/19/03

Date taking office:

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

Name: Juan Flores
Address: 162 N. Caviar Place Tucson, AZ 85745

Name:
Address:

Date taking office: 8/20/03

Date taking office:

Name:
Address:

Name:
Address:

Date taking office:

Date taking office:

**U.S. Income Tax Return
for Homeowners Associations**

2002

Department of the Treasury
Internal Revenue Service

For calendar year 2002 or tax year beginning 2002, and ending 2002

Use IRS label. Otherwise, please print or type.	CHAMPAGNE HOMEOWNERS ASSOCIATION * BAYNES COMPANY 800 N. SWAN RD., SUITE 110 TUCSON, AZ 85711	Employer identification number (see instructions) 86-0599220 Date association formed 2/28/1987
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Check if: 1 Final return 2 Name change 3 Address change 4 Amended return

A Check type of homeowner's association: <input checked="" type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test (see instructions).....	B 68,515.
C Total expenditures made for purposes described in 90% expenditure test (see instructions).....	C 72,092.
D Association's total expenditures for the tax year (see instructions).....	D 72,142.
E Tax-exempt interest received or accrued during the tax year.....	E

Gross Income (excluding exempt function income)	
1 Dividends.....	1
2 Taxable interest.....	2 128.
3 Gross rents.....	3
4 Gross royalties.....	4
5 Capital gain net income (attach Schedule D (Form 1120)).....	5
6 Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797).....	6
7 Other income (excluding exempt function income) (attach schedule).....	7
8 Gross Income (excluding exempt function income). Add lines 1 through 7.....	8 128.

Deductions (directly connected to the production of gross income, excluding exempt function income)	
9 Salaries and wages.....	9
10 Repairs and maintenance.....	10
11 Rents.....	11
12 Taxes and licenses.....	12 50.
13 Interest.....	13
14 Depreciation (attach Form 4562).....	14
15 Other deductions (attach schedule)..... See Statement 1	15 135.
16 Total deductions. Add lines 9 through 15.....	16 185.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8.....	17 -57.
18 Specific deduction of \$100.....	18 100.

Tax and Payments	
19 Taxable income. Subtract line 18 from line 17.....	19 -157.
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.).....	20 0.
21 Tax credits (see instructions).....	21
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits.....	22 0.
23 Payments: a 2001 overpayment credited to 2002.....	23a
b 2002 estimated tax payments.....	23b
c Total ▶	23c 0.
d Tax deposited with Form 7004.....	23d
e Credit for tax paid on undistributed capital gains (attach Form 2439).....	23e
f Credit for Federal tax on fuels (attach Form 4136).....	23f
g Add lines 23c through 23f.....	23g
24 Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment.....	24 0.
25 Overpayment. Subtract line 22 from line 23g.....	25 0.
26 Enter amount of line 25 you want: Credited to 2003 estimated tax ▶ Refunded ▶	26

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Thomas W. Jones</u>	Date <u>2/26/2003</u>	Title
Paid Preparer's Use Only	Preparer's signature <u>Thomas W. Jones</u>	Date <u>2/26/2003</u>	Preparer's SSN or PTIN <u>527-60-3445</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>Stevenson, Jones & Holmas, P.C.</u> <u>5920 East Pima Street, Suite 170</u> <u>Tucson, AZ 85712</u>	Check if self-employed <input type="checkbox"/>	EN <u>86-0424851</u>

Phone no. (520) 886-5495

2002

Federal Statements

Page 1

Client CHAMPAGN

CHAMPAGNE HOMEOWNERS ASSOCIATION
% BAYNES COMPANY

86-0599220

2/25/03

05:13PM

Statement 1
Form 1120-H, Line 15
Other Deductions

ALLOCATION OF MANAGEMENT FEE RE INTEREST.....	\$	50.
TAX RETURN PREPARATION.....		85.
	Total \$	<u>135.</u>

Arizona Corporation Income Tax Return (Short Form)

For taxable year beginning 1/01/2002, and ending 12/31/2002

Mail to: Arizona Department of Revenue, P.O. Box 29079, Phoenix AZ 85038-9079

Business telephone number 520-325-9500		Name CHAMPAGNE HOMEOWNERS ASSOCIATION & BAYNES COMPANY	Check one Calendar year <input checked="" type="checkbox"/> Fiscal year <input type="checkbox"/>	
Business activity code number (from federal Form 1120) 531390			Federal employer ID number (FEIN) 86-0599220	
Please type or print	Number and street 800 N. SWAN RD., SUITE 110		AZ withholding tax number NONE	
	City or town TUCSON, AZ 85711	State AZ	AZ transaction privilege tax number NONE	

(6B) Check box if: This is a first return Name change Address change

A Is federal return filed on a consolidated basis? Yes No

If yes, list FEIN of common parent from consolidated return

Note: Use Form 120 to file an Arizona consolidated return. Taxpayers cannot use Form 120A to file an Arizona consolidated return.

B Is this the corporation's final Arizona return? Yes No

If yes, check one: Dissolved Withdrawn Merged/Reorganized
List FEIN of the successor corporation, if any

For DOR use only

(81)	(66)
(82) Check Box If: Federal extension used to file return. az F <input type="checkbox"/>	

Arizona Taxable Income Computation

1	Taxable income - per attached federal return	1	-157.
2	Additions to taxable income - from page 2, Schedule A, line A12	2	50.
3	Total taxable income - add lines 1 and 2	3	-107.
4	Subtractions from taxable income - from page 2, Schedule B, line B12	4	
5	Adjusted income - subtract line 4 from line 3	5	-107.
6	Arizona basis net operating loss carryforward - attach computation schedule	6	0.
7	Arizona taxable income - subtract line 6 from line 5	7	-107.

Arizona Tax Liability Computation

8	Enter tax. Tax is 6.968 percent of line 7 or fifty dollars (\$50), whichever is greater.	8	50.
9	Tax from recapture of tax credits - from Form 300, Part II, line 26	9	
10	Subtotal - add lines 8 and 9	10	50.
11	Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax (line 10) by \$5. Enter the amount of the tax reduction. 11A <input type="checkbox"/>	11	
12	Nonrefundable tax credits - from Form 300, Part II, line 50	12	
13	Credit type - enter form number for each nonrefundable credit claimed 13 3 3 3 3	13	
14	Tax liability - subtract the sum of lines 11 and 12 from line 10	14	50.
15	Clean Elections Fund Tax Credit. See instructions before completing this line	15	
16	Tax liability after Clean Elections Fund Tax Credit - subtract line 15 from line 14	16	50.

Tax Payments

17	Refundable tax credits - see instructions.	17	
18	Credit type - enter form number for each refundable credit claimed. 18 3	18	
19	Extension payment made with Form 120EXT. See instructions.	19	
20	Estimated tax payments - see instructions.	20	
21	Total payments - see instructions.	21	0.

Computation of Total Due or Overpayment

22	Balance of tax due - if line 16 is larger than line 21, enter balance of tax due. Skip line 23.	22	50.
23	Overpayment of tax - if line 21 is larger than line 16, enter overpayment of tax	23	
24	Penalty and interest.	24	
25	Estimated tax underpayment penalty - if Form 220 is attached, check box. 25A <input type="checkbox"/>	25	
26	Donation to Citizens Clean Elections Fund - see instructions.	26	
27	Total Due - payment must accompany return.	27	50.
28	Overpayment - see instructions.	28	
29	Amount of line 28 to be applied to 2003 estimated tax.	29	
30	Amount to be refunded - subtract line 29 from line 28.	30	

Schedule A – Additions to Taxable Income

A1	Federal bonus depreciation allowed under IRC Section 168(k) – see instructions	A1	
A2	Federal income tax refunds received in the taxable year – see instructions	A2	
A3	Taxes based on income paid to any state (including Arizona), local governments or foreign governments	A3	50.
A4	Interest on obligations of other states, foreign countries, or political subdivisions	A4	
A5	Special deductions claimed on federal return	A5	
A6	Federal net operating loss deduction claimed on federal return	A6	
A7	Commissions and other expenses paid or accrued to a Domestic International Sales Corporation (DISC)	A7	
A8	Capital investment by qualified defense contractor – attach schedule	A8	
A9	Claim of right adjustments – attach schedule	A9	
A10	Additions related to Arizona tax credits – attach schedule	A10	
A11	Other additions to federal taxable income – attach schedule	A11	
A12	Total – add lines A1 through A11. Enter total here and on page 1, line 2	A12	50.

Schedule B – Subtractions From Taxable Income

B1	Arizona adjustment for IRC Section 168(k) bonus depreciation – see instructions	B1	
B2	Arizona depreciation adjustment for property sold or otherwise disposed of during the taxable year – see instructions	B2	
B3	Dividends received from 50% or more controlled domestic corporations	B3	
B4	Foreign dividend gross-up	B4	
B5	Dividends received from foreign corporations	B5	
B6	Dividends received from a DISC	B6	
B7	Interest on U.S. obligations	B7	
B8	Agricultural crops charitable contribution	B8	
B9	Capital investment by qualified defense contractor – attach schedule	B9	
B10	Claim of right adjustments – attach schedule	B10	
B11	Other subtractions from federal taxable income – attach schedule	B11	
B12	Total – add lines B1 through B11. Enter total here and on page 1, line 4	B12	

Schedule C – Additional Information

C1 Date business began in Arizona 2/28/1987

C2 Address at which tax records are located for audit purposes:
800 N. SWAN RD., SUITE 110, TUCSON, AZ.

C3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (see instructions)
 Name and title CONNIE BAYNES Phone number 520-325-9500

C4 List prior taxable years for which a federal examination has been finalized _____

Note: ARS Section 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (see instructions)

C5 Amount of Arizona taxable income for prior taxable year (2001 Form 120A, line 7) -3,546.

C6 Indicate tax accounting method: Cash Accrual Other (Specify method) _____

Certification The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here

Officer's signature	Title	Date
Officer's signature	Title	Date

Paid Preparer's Use Only

Preparer's signature Thomas W. Jones Date 2/26/2003

Firm's name (or preparer's, if self-employed) and address Stevenson, Jones & Holmaas, P.C.
5920 East Pima Street, Suite 170
Tucson, AZ

Preparer's TIN 86-0424851
 ZIP code 85712

2002

Arizona Statements

Page 1

Client CHAMPAGN

CHAMPAGNE HOMEOWNERS ASSOCIATION
% BAYNES COMPANY

86-0599220

2/25/03

05:13PM

Statement 1
Form 120A, Line 6
Net Operating Loss Carry Forward

Carryover Generated From Year End 12/31/00	\$	2,122.	
Available for Carryover to 2002.....			2,122.
Carryover Generated From Year End 12/31/01	\$	3,546.	
Available for Carryover to 2002.....			3,546.
Net Operating Losses Available in 2002.....	\$		<u>5,668.</u>
Taxable Income.....			-107.
Total Net Operating Loss Deduction (Limited to Taxable Income).....			<u><u>0.</u></u>

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 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 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 Shirley Hall-Coyatsey Date 10-3-03 Name _____ Date _____

Signature Shirley Hall-Coyatsey Signature _____

Title Pres. Title _____

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