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

AZ Corp. Commission



01791742

DUE ON OR BEFORE 04/19/2007

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.

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APR 06 2007

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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

Business Phone: (Business phone is optional.)

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

2. Statutory Agent: CONNIE BAYNES Physical Address, If Different. Mailing Address: 800 N SWAN RD #110 Physical Address: City, State, Zip: TUCSON, AZ 85711 City, State, Zip:

ACC USE ONLY Fee \$10 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. 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. 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)

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: Ted Taubeneck

Name: Marcel Davis

Title: President

Title: Treasurer

Address: 3212 W. Champagne Dr. Tucson, AZ 85745

Address: 164 N. Champagne Place Tucson, AZ 85745

Date taking office: 3/28/07

Date taking office: 3/28/07

Name: Margy Pratt

Name:

Title: V. President

Title:

Address: 200 N. Champagne Place Tucson, AZ 85745

Address:

Date taking office: 3/28/06

Date taking office:

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

Name: Gary Brainard

Name:

Address: 200 N. Champagne Place Tucson, AZ 85745

Address:

Date taking office: 8/28/07

Date taking office:

Name:

Name:

Address:

Address:

Date taking office:

Date taking office:

CASH FLOW STATEMENT

December 2006

Prepared For Property: Champagne At Starrpass
The Baynes Company, LLC

0737961-4

	Current Month	Year to Date Balance
Operating Revenue		
4010 Assessments HOA	5,902.70	87,174.19
4100 Late Fee Income	45.00	656.00
4105 Fines	0.00	630.13
4990 Other Income	11.86	325.10
Total Operating Revenue	5,959.56	88,785.42
Operating Expenses		
5220 Landscape Contract	1,738.88	20,866.56
5221 Landscape Improvements	0.00	0.00
5223 Landscape Repair & Maintenance	540.52	7,177.48
5224 Landscape Water & Sewer	1,157.31	14,227.11
5225 Landscape Electricity	40.65	370.21
5235 Pool Monthly Contract	466.00	2,864.60
5236 Pool Improvements	42.43	593.48
5237 Pool Repairs & Maintenance	365.11	2,549.58
5238 Pool Water & Sewer	237.22	4,263.14
5239 Pool Electricity	486.02	5,200.47
5240 Pool Gas	143.08	1,619.55
5241 Pool Supplies	4.30	466.40
5242 Pool Janitorial	225.00	1,875.00
5250 Streets/Sidewalks/Drives	0.00	40.77
5300 Streets/Sidewalks/Drives	0.00	0.00
5410 Bank Charges	9.00	22.00
5435 Management Fees	601.83	7,222.04
5436 Postage, Printing & Paper	93.02	294.77
5437 Miscellaneous	46.89	143.34
5440 Legal	137.50	275.00
5442 Accounting	0.00	640.00
5512 Taxes & Licenses	0.00	255.59
5520 Insurance Premiums	1,354.02	16,741.62
5522 Insurance Claims	0.00	0.00
5600 Contingencies	39.00	1,127.43
5650 Reserve Contributions	366.66	4,400.00
Total Operating Expenses	8,094.44	93,236.14
Net (Loss) Income from Operations	(2,134.88)	(4,450.72)
Beginning Cash Balance	5,371.54	
Increase (Decrease) from Net Income from Operation	(2,134.88)	(4,450.72)
Increase (Decrease) from Owner Capital Accounts		
3000 Retained Earnings	0.00	1,297.47
3030 Beginning Balances	0.00	789.91
3040 Transfer Funds	0.00	5,000.00
Increase (Decrease) from Other Accounts		
2011 Pool Key Deposit / Refund	0.00	600.00
Ending Cash Balance	3,236.66	3,236.66

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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. | 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.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 TED D. TAUBENEK Date 3/30/7 Name _____ Date _____

Signature T. D. Taubeneck Signature _____

Title President Title _____

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