



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

AZ Corp. Commission



01530308

DUE ON OR BEFORE 04/16/2006

FY05-06

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

APR - 4 2006

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0761894-1
PARKRIDGE HOMEOWNERS' ASSOCIATION
NORTHWEST VALLEY REALTY, INC
% MS CATHY HACKER
13201 N 35TH AVE STE B-3
PHOENIX, AZ 85029

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: CATHY HACKER Physical Address, If Different.
Mailing Address: NORTHWEST VALLEY REALTY, INC Physical Address:
13201 N 35TH AVE STE B-3 City, State, Zip:
City, State, Zip: PHOENIX, AZ 85029

ACC USE ONLY

Fee \$10

Penalty \$

Reinstate \$

Expedite \$

Resubmit \$

IPR

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. 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)

— 0 —

— 0 —

— 0 —

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)

— 0 —

— 0 —

— 0 —

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: ELDORA ENGBRETSONName: TAMRA HOLMBERGTitle: PRESIDENTTitle: VICE PRESIDENTAddress: 13201 N. 35TH AVE B-3
PHX AZ 85029Address: 13201 N. 35TH AVE B-3
PHX AZ 85029Date taking office: 5-24-04Date taking office: 4-25-05Name: DANIELLE BOMBERGName: DIANE LEVINETitle: SECRETARYTitle: TREASURERAddress: 13201 N. 35TH AVE B-3
PHX AZ 85029Address: 13201 N. 35TH AVE B-3
PHX AZ 85029Date taking office: 5-24-04Date taking office: 5-24-05**8. DIRECTORS** Please Type or Print Clearly. You Must List at Least One.Name: ELDORA ENGBRETSON

Name: _____

Address: 13201 N. 35TH AVE
PHX AZ 85029

Address: _____

Date taking office: 5-9-02

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

3:44 PM
03/29/06
Cash Basis

Parkridge 1,2,3 HOA
Assets, Liabilities and Fund Balances - Cash Basis
As of December 31, 2005

	<u>Dec 31, 05</u>
ASSETS	
Current Assets	
Checking/Savings	
Wells Fargo Checking	876.50
Wells Fargo Money Market	<u>71,769.22</u>
Total Checking/Savings	72,645.72
Accounts Receivable	
Accounts Receivable	<u>-4,851.75</u>
Total Accounts Receivable	<u>-4,851.75</u>
Total Current Assets	67,793.97
Other Assets	
Water Deposit-City of Peoria	<u>200.00</u>
Total Other Assets	<u>200.00</u>
TOTAL ASSETS	<u><u>67,993.97</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Prepaid Homeowner Dues	<u>7,287.37</u>
Total Other Current Liabilities	<u>7,287.37</u>
Total Current Liabilities	7,287.37
Long Term Liabilities	
Future Estimated Repairs	<u>15,623.69</u>
Total Long Term Liabilities	<u>15,623.69</u>
Total Liabilities	22,911.06
Equity	
Retained Earnings	47,987.38
Net Income	<u>-2,904.47</u>
Total Equity	<u>45,082.91</u>
TOTAL LIABILITIES & EQUITY	<u><u>67,993.97</u></u>

3:46 PM
03/29/06
Cash Basis

Parkridge 1,2,3 HOA
Statement of Revenue & Expenses - Cash Basis
January through December 2005

	<u>Jan - Dec 05</u>
Ordinary Income/Expense	
Income	
Fee Income	
Administrative Fees	4,124.01
Lien Fees	114.00
NSF Fee	50.00
Quarterly Assessments	92,978.09
Violation Fees	2,828.90
Total Fee Income	<u>100,095.00</u>
Total Income	<u>100,095.00</u>
Gross Profit	100,095.00
Expense	
Administrative Expenses	
Bank Service Charges	52.76
Communication Expense	633.62
Filing Fees	10.00
Garage Sales	282.84
Insurance	
Liability Insurance	4,300.75
Total Insurance	4,300.75
Meeting Expenses	376.49
Postage and Delivery	819.34
Professional Fees	
Accounting	350.00
Legal Fees	3,699.30
Management Fees	27,600.00
Total Professional Fees	31,649.30
Social Committee	225.00
Taxes	
Federal	196.00
State	50.00
Total Taxes	246.00
Website	394.99
Total Administrative Expenses	38,991.09
Operating Expenses	
Landscaping	
Back Flow Testing	64.73
Irrigation Supplies	115.00
Maintenance Contract	35,700.00
Tree Maintenance	5,090.00
Weed Control	5,950.00
Total Landscaping	46,919.73
Pest Control	450.00
Utilities	
Electric	421.46

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03/29/06
Cash Basis

Parkridge 1,2,3 HOA
Statement of Revenue & Expenses - Cash Basis
January through December 2005

	<u>Jan - Dec 05</u>
Water	4,617.41
Total Utilities	<u>5,038.87</u>
Total Operating Expenses	52,408.60
Capital Improvements	
Document Rewrite Project	2,199.80
Landscape Improvements	<u>10,653.63</u>
Total Capital Improvements	<u>12,853.43</u>
Total Expense	<u>104,253.12</u>
Net Ordinary Income	-4,158.12
Other Income/Expense	
Other Income	
Interest Income	<u>1,253.65</u>
Total Other Income	<u>1,253.65</u>
Net Other Income	<u>1,253.65</u>
Net Income	<u><u>-2,904.47</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.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 DIANE LEVINE Date 3-29-06 Name _____ Date _____
Signature *Diane Levine* Signature _____
Title TREASURER Title _____

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