



COPY

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

Arizona Corporation Commission



00288033

DUE ON OR BEFORE 04/21/2000

FY99-00

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.

-0798001-0

1. HORIZONS AT RITA RANCH ASSOCIATION

% ~~LEWIS MGMT RESOURCES~~ 7925-A N ORACLE #391 TUCSON, AZ 85704

STRATARD Management P.O. BOX 40790

85717

RECEIVED

APR 19 2001

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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

2. Arizona Statutory Agent: DAVID MCEVOY Street Address: 2701 E SPEEDWAY #101 (NOT P.O. BOX) City, State, Zip: TUCSON AZ 85716-

Use this box only if appointing a new Statutory Agent

ACC USE ONLY Fee \$10 Penalty \$ Reinstatement \$ 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

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.

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.

Name: Vince Evans
Title: President
Address: 9978 E. Moonstruck Way
Tucson, AZ 85747
Date taking office: Oct 7, 1999

Name: Fran Nemcheck
Title: 10019 Moonstruck Way
Address: Tucson, AZ 85747
Vice President
Date taking office: Oct 7, 1999

Name: Lorene Noble
Title: Secretary
Address: 9989 E. Moonstruck Way
Tucson, AZ 85747
Date taking office: Oct 7, 1999

Name: LISA LEDERMA
Title: Treasurer
Address: 9979 E. Moonstruck Way
Tucson AZ 85747
Date taking office: Oct 7, 1999

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY.

Name: Judy Mitchell
Address: 7953 S. Teaberry Ave
Tucson, AZ 85747
Date taking office: Oct 7, 1999

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Balance Sheet
 Horizons at Rita Ranch
 For Month Ending August 31, 1999

079800726

Run:Date 10/07/99
 Time 2:41 pm
 Page 1

Assets

Current Assets

Cash

| | | |
|---------------------|----------|----------|
| Cash Operating | 4,817.33 | |
| Cash - Money Market | 2,979.98 | 7,797.31 |

Accounts Receivable

| | | |
|----------------------|--------|--------|
| A/R Residential-Full | 784.50 | |
| Master Association | 134.32 | 918.82 |

Prepaid Expenses

| | | |
|-------------------|--------|--------|
| Prepaid Insurance | 647.00 | 647.00 |
|-------------------|--------|--------|

| | | |
|----------------------|--|----------|
| Total Current Assets | | 9,363.13 |
|----------------------|--|----------|

| | | |
|--------------|--|----------|
| Total Assets | | 9,363.13 |
|--------------|--|----------|

Liabilities and Member's Equity

Current Liabilities

Prepays - HOA

| | | |
|---------------------|--------|--------|
| Prepaid Resi - Full | 659.00 | 659.00 |
|---------------------|--------|--------|

| | | |
|---------------------------|--|--------|
| Total Current Liabilities | | 659.00 |
|---------------------------|--|--------|

Member's Equity

| | | |
|----------------|--|----------|
| Operating Fund | | 8,704.13 |
|----------------|--|----------|

| | | |
|-----------------------|--|----------|
| Total Member's Equity | | 8,704.13 |
|-----------------------|--|----------|

| | | |
|---------------------------------------|--|----------|
| Total Liabilities and Member's Equity | | 9,363.13 |
|---------------------------------------|--|----------|

*** End of Report ***

Income Statement Spreadsheet
 Horizons at Rita Ranch
 Through August 31, 1999
 12 Month Actual

Run:Date 10/07/99
 Time 2:40 pm
 Page 1

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Total |
|----------------|------|------|------|------|------|------|------|------|-----|-----|-----|-----|-------|
| <hr/> | | | | | | | | | | | | | |
| Income | | | | | | | | | | | | | |
| Income | | | | | | | | | | | | | |
| Residential As | 2236 | 0 | 0 | 2237 | 0 | 0 | 2237 | 0 | 0 | 0 | 0 | 0 | 6710 |
| Late Fee Incom | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 280 | 0 | 0 | 0 | 0 | 280 |
| <hr/> | | | | | | | | | | | | | |
| Income | 2236 | 0 | 0 | 2237 | 0 | 0 | 2237 | 280 | 0 | 0 | 0 | 0 | 6990 |
| Other Income | | | | | | | | | | | | | |
| Interest - Ope | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 23 |
| Declarant Fund | 5000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5000 |
| <hr/> | | | | | | | | | | | | | |
| Other Income | 5003 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 5023 |
| <hr/> | | | | | | | | | | | | | |
| Income | 7239 | 2 | 3 | 2240 | 3 | 3 | 2240 | 283 | 0 | 0 | 0 | 0 | 12013 |
| <hr/> | | | | | | | | | | | | | |
| Expenses | | | | | | | | | | | | | |
| GENERAL & ADMI | | | | | | | | | | | | | |
| Office Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 67 | 0 | 0 | 0 | 0 | 67 |
| Management Fee | 320 | 320 | 320 | 320 | 320 | 320 | 320 | 320 | 0 | 0 | 0 | 0 | 2560 |
| Master Associa | 202 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 202 |
| Postage | 6 | 10 | 0 | 0 | 5 | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 64 |
| Publication, C | 0 | 5 | 26 | 60 | 0 | 34 | 22 | 45 | 0 | 0 | 0 | 0 | 192 |
| Insurance Expe | 0 | 0 | 0 | 46 | 0 | 77 | 77 | 77 | 0 | 0 | 0 | 0 | 277 |
| Permits & Fees | 0 | 0 | 0 | 0 | 20 | 20 | 20 | 0 | 0 | 0 | 0 | 0 | 60 |
| <hr/> | | | | | | | | | | | | | |
| GENERAL & ADMI | 528 | 335 | 346 | 426 | 345 | 494 | 439 | 509 | 0 | 0 | 0 | 0 | 3422 |
| COMMON AREA EX | | | | | | | | | | | | | |
| Maintenance | 0 | 0 | 152 | 0 | 0 | 0 | 0 | 60 | 0 | 0 | 0 | 0 | 212 |
| <hr/> | | | | | | | | | | | | | |
| COMMON AREA EX | 0 | 0 | 152 | 0 | 0 | 0 | 0 | 60 | 0 | 0 | 0 | 0 | 212 |
| OTHER EXP | | | | | | | | | | | | | |
| Taxes | 0 | 50 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60 |
| <hr/> | | | | | | | | | | | | | |
| OTHER EXP | 0 | 50 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60 |
| <hr/> | | | | | | | | | | | | | |
| Expenses | 528 | 385 | 508 | 426 | 345 | 494 | 439 | 569 | 0 | 0 | 0 | 0 | 3694 |
| <hr/> | | | | | | | | | | | | | |
| Net Excess/(De | 6711 | -383 | -505 | 1814 | -342 | -491 | 1801 | -286 | 0 | 0 | 0 | 0 | 8319 |
| <hr/> | | | | | | | | | | | | | |

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9) 0797001-0

Nonprofit corporations **must attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only:

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 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 profit 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 (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and 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 profit corporations only]

One box **must** be marked: **YES** **NO**

Chapter _____ Date Filed _____ Case Number _____

If "YES", 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.
- 2) The state in which each corporation was incorporated b) transacted business.
- 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures 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 Lisa D Ledezma Date 3/14/01 Name _____ Date _____

Signature Lisa D Ledezma Signature _____

Title Treasurer Title _____

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