



WEB FORM COPY

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

AZ Corp. Commission 01536797

DUE ON OR BEFORE 04/21/2006 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.

1. -0798001-0 HORIZONS AT RITA RANCH ASSOCIATION Vision Property Management 326 South Wilmot #B100 Tucson, AZ 85711

RECEIVED APR 20 2006

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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

2. Statutory Agent: DAVID MCEVOY Kathy Schroeder Physical Address, If Different. Mailing Address: 4560 E CAMPLOWELL 326 S. Wilmot #B100 Physical Address: City, State, Zip: TUCSON, AZ 85712 City, State, Zip: 85711

ACC USE ONLY Fee \$ 4.00 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. Kathy Schroeder Signature of new Statutory Agent Kathy Schroeder 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)
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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)
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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 PRINT OR TYPE CLEARLY.

NONE Name: _____ Name: _____
 Name: _____ Name: _____

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

Name: Vince Evans
 Title: President
 Address: 9978 E. Moonstruck Way
Tucson, AZ 85747

Name: Judy Mitchell
 Title: Vice President
 Address: 7953 S. Teaberry Ave.
Tucson, AZ 85747

Date taking office: 10/2005

Date taking office: 10/2005

Name: Cindy Parks
 Title: Secretary
 Address: 9998 E. Moonstruck Way
Tucson, AZ 85747

Name: Lisa Ledesma
 Title: Treasurer
 Address: 9979 E. Moonstruck Way
Tucson, AZ 85747

Date taking office: 10/2005

Date taking office: 10/2005

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

Name: Steve Ludlum
 Address: 9969 E. Moonstruck Way
Tucson, AZ 85747

Name: _____
 Address: _____

Date taking office: 10/2005

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

01/05/06

HORIZON AT RITA RANCH HOA

Balance Sheet

As of December 31, 2005

	<u>Dec 31, 05</u>
ASSETS	
Current Assets	
Checking/Savings	
1000 · OPERATING ACCOUNT	4,982.72
1010 · RESERVE ACCOUNT	5,335.54
Total Checking/Savings	<u>10,318.26</u>
Accounts Receivable	
1200 · ACCOUNTS RECEIVABLE	0.00
Total Accounts Receivable	<u>0.00</u>
Total Current Assets	10,318.26
Other Assets	
1800 · PREPAID EXPENSES	0.00
Total Other Assets	<u>0.00</u>
TOTAL ASSETS	<u>10,318.26</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2000 · PREPAIDS - HOA	0.00
Total Other Current Liabilities	<u>0.00</u>
Total Current Liabilities	<u>0.00</u>
Total Liabilities	0.00
Equity	
3900 · HOMEOWNERS EQUITY	8,173.28
3901 · Retained Earnings	1,726.82
Net Income	418.16
Total Equity	<u>10,318.26</u>
TOTAL LIABILITIES & EQUITY	<u>10,318.26</u>

9:12 AM
 01/05/06
 Cash Basis

HORIZON AT RITA RANCH HOA Profit & Loss Budget vs. Actual January through December 2005

	Jan - D...	Budget	\$ Ove...	% of ...
Ordinary Income/Expense				
Income				
4010 · RESIDENTIAL ASSESSMENT	8,645.75	9,372.00	-726.25	92.3%
4020 · LATE FEE / MISCELLANEOUS INCOME	336.00	0.00	336.00	100.0%
4030 · FINES INCOME	66.00	0.00	66.00	100.0%
Total Income	<u>9,047.75</u>	<u>9,372.00</u>	<u>-324.25</u>	<u>96.5%</u>
Expense				
6000 · MAINTENANCE				
6010 · Landscape Contract	2,220.00	2,220.00	0.00	100.0%
6020 · Landscape Chemicals	0.00	240.00	-240.00	0.0%
6030 · Other Contract Services	383.56	0.00	383.56	100.0%
Total 6000 · MAINTENANCE	<u>2,603.56</u>	<u>2,460.00</u>	<u>143.56</u>	<u>105.8%</u>
6600 · ADMINISTRATION				
6605 · Bank Service Charge	0.00	48.00	-48.00	0.0%
6610 · INSURANCE	594.00	800.00	-206.00	74.3%
6620 · MANAGEMENT FEES	4,482.00	4,872.00	-390.00	92.0%
6660 · PERMITS, FEES & TAXES	60.00	80.00	-20.00	75.0%
6680 · MASTER ASSOCIATION	139.30	418.00	-278.70	33.3%
6710 · PRINTING & POSTAGE	483.50	390.00	93.50	124.0%
Total 6600 · ADMINISTRATION	<u>5,758.80</u>	<u>6,608.00</u>	<u>-849.20</u>	<u>87.1%</u>
6625 · LEGAL/ACCOUNTING				
6630 · LEGAL & ACCOUNTING	275.00	150.00	125.00	183.3%
Total 6625 · LEGAL/ACCOUNTING	<u>275.00</u>	<u>150.00</u>	<u>125.00</u>	<u>183.3%</u>
Total Expense	<u>8,637.36</u>	<u>9,218.00</u>	<u>-580.64</u>	<u>93.7%</u>
Net Ordinary Income	410.39	154.00	256.39	266.5%
Other Income/Expense				
Other Income				
8000 · OTHER INCOME				
8010 · INTEREST INCOME	7.77	0.00	7.77	100.0%
Total 8000 · OTHER INCOME	<u>7.77</u>	<u>0.00</u>	<u>7.77</u>	<u>100.0%</u>
Total Other Income	<u>7.77</u>	<u>0.00</u>	<u>7.77</u>	<u>100.0%</u>
Net Other Income	7.77	0.00	7.77	100.0%
Net Income	<u><u>418.16</u></u>	<u><u>154.00</u></u>	<u><u>264.16</u></u>	<u><u>271.5%</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 Vince Evans Date _____ Name _____ Date _____
 Signature [Signature] 19 APR 06 Signature _____
 Title President Title _____

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