



WEB FORM COPY

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



DUE ON OR BEFORE 04/24/2005 FY04-05 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. -0822027-0
 FLETCHER HEIGHTS COMMUNITY ASSOCIATION
 8715 W UNION HILLS #106
 PEORIA, AZ 85382

RECEIVED
 OCT 03 2005
 ARIZONA CORP. COMMISSION
 CORPORATIONS DIVISION

* DELINQUENT ANNUAL REPORT 08/26/2005- CONTACT THE COMMISSION AT 602-542-3285!
 Business Phone: _____ (Business phone is optional.)

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

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 ARIZONA CORP. COMMISSION
 CORPORATIONS DIVISION

2. Statutory Agent: LORI RUTLEDGE
 Mailing Address: 8715 W UNION HILLS #106
 City, State, Zip: PEORIA, AZ 85382

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

NO # 2-306

ACC USE ONLY	
Fee	\$ 10
Penalty \$	
Reinstate \$	
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. Raising/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. Religious
 - 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 PRINT OR TYPE CLEARLY.

NONE A Name: Name: Name: Name:

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

Name: ED PICKENS Title: President Address: 7725 W. Sands Dr. Peoria, AZ 85382

Name: Michael McCauley Title: Secretary Address: 8561 W. Mohawk Ln. Peoria, AZ 85383

Date taking office: Name: George Wheeler Title: Vice President Address: 20275 N. Fletcher Way Peoria, AZ 85382

Date taking office: Name: Ken Tyrrell Title: Treasurer Address: 7871 W. Sands Dr. Peoria, AZ 85383

Date taking office:

Date taking office:

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

Name: Harold Kinch Address: 22118 N. 82nd Ave. Peoria, AZ 85382

Name: Curt Hartley Address: 8013 W. Harmony Ln. Peoria, AZ 85382

Date taking office: Name: David Harrison Address: 8050 W. Louise Dr. Peoria, AZ 85382

Date taking office: Name: Address:

Date taking office:

Date taking office:

FLETCHER HEIGHTS HOA

Balance Sheet

As of 12/31/04

ASSETS

1021	ACB CD #9441	\$	50,000.00
1022	ACB CD #9123		90,298.59
1023	ACB CD #9433		90,298.59
1024	WASH FED CD #7421		100,000.00
1025	AMTRUST CD #1647		100,000.00
1026	WORLD SAV CD #5560		100,000.00
1027	NAT'L BK AZ CD #3276		100,000.00
1028	COMPASS CD #5600		100,000.00
1029	STATE FARM CD #2967		100,000.00
	TOTAL FOR CD'S		<u>\$ 830,597.18</u>

OPERATING FUNDS

1020	ACB MONEY MARKET #203004285	\$	117,300.39
1030	CASH - FUNDS TO NEW MGMT		54,490.39
1031	CASH - CHECKING FCB		18,203.92
	TOTAL OPERATING FUNDS		<u>\$ 189,994.70</u>

REFUNDABLE DEPOSITS

1040	DEPOSITS REFUNDABLE	\$	250.00
	TOTAL REFUNDABLE DEPOSITS		<u>\$ 250.00</u>

TOTAL ASSETS

\$ 1,020,841.88

LIABILITIES & EQUITY

CURRENT LIABILITIES:

2975	PREPAID OWNER ASSESSMENTS	\$	32,614.13
	Subtotal Current Liab.		<u>\$ 32,614.13</u>

EQUITY:

4010	RETAINED EARNINGS	\$	1,002,590.21
	Current Year Net Income/(Loss)		(14,362.46)
	Subtotal Equity		<u>\$ 988,227.75</u>

TOTAL LIABILITIES & EQUITY

\$ 1,020,841.88

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 _____ Date 4/19/05 Name _____ Date _____
Signature [Signature] Signature _____
Title Vice President Title _____
(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)