



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

AZ Corp. Commission

00948509

DUE ON OR BEFORE 04/09/2004 FY03-04 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. **-0828946-0
THUNDER RIDGE HOMEOWNERS ASSOCIATION**

**RECEIVED
JUN 03 2004
RECEIVED
MAR 26 2004**

Golden Valley Property Management
13253 N La Montana Drive #103
Fountain Hills AZ 85268

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

2. **Statutory Agent:** Michael Latz **Physical Address, If Different:**
Mailing Address: 13253 N La Montana #103 **Physical Address:**
City, State, Zip: Fountain Hills Az 85268 **City, State, Zip:**

NO. 6/8/04

ACC USE ONLY	
Fee \$	10 <i>3/3/04</i>
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.

Michael Latz

Signature of new Statutory Agent

Michael Latz

Printed Name of new Statutory Agent

3. **Secondary Address:** *758200
794930*

(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 | | NON-PROFIT CORPORATIONS |
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing | <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining | <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media | <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical | <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Barbers/Co cosmetology | <input type="checkbox"/> 26. Real Estate | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar | <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events | <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services | <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation | <input checked="" type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. 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 examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. 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**. **Please Print or Type Clearly.**

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. **Please Type or Print Clearly.**

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

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: See Attached Name: _____
Title: _____ Title: _____
Address: _____ Address: _____
Date taking office: _____ Date taking office: _____
Name: _____ Name: _____
Title: _____ Title: _____
Address: _____ Address: _____
Date taking office: _____ Date taking office: _____

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

Name: See Attached Name: _____
Address: _____ Address: _____
Date taking office: _____ Date taking office: _____
Name: _____ Name: _____
Address: _____ Address: _____
Date taking office: _____ Date taking office: _____

Association Name: Thunder Ridge HOA, Inc.

File No: 0828948-0

Officers

Name: Open
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Title: President

Date taking office: Open

Name: Gail Keffer
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Title: Secretary

Date taking office: 3/1/2003

Name: Gary Yarwood
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Title: Treasurer

Date taking office: 3/1/2001

Name: Judy Naylor
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Title: Asst. Treasurer

Date taking office: 3/1/2003

Association Name: Thunder Ridge HOA, Inc.

File No: 0628946-0

Directors

Name: Open
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Date taking office: Open

Name: Gail Keffer
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Date taking office: 3/1/2003

Name: Gary Yerwood
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Date taking office: 3/1/2001

Name: Judy Naylor
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Date taking office: 3/1/2003

Name: Donna Myster
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Date taking office: 3/1/2001

Name: Ken Gerdes
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Date taking office: 3/1/2003

Name: Bill Anderson
Address: 13253 N La Montana #103
Fountain Hills Az 85268

Date taking office: 3/1/2003

Thunder Ridge Condominiums Homeowners' Association Inc

Balance Sheet

As of December 31, 2003

	Dec 31, 03
ASSETS	
Current Assets	
Checking/Savings	
0102 MM - Los Padres Bank	60,089.53
0105 Checking - 1st National Bank	10,033.23
Total Checking/Savings	70,122.76
Accounts Receivable	
0112 Association Dues Receivable	-8,285.00
Total Accounts Receivable	-6,285.00
Other Current Assets	
0120 Prepaid Expenses	1,350.00
Total Other Current Assets	1,350.00
Total Current Assets	65,187.76
TOTAL ASSETS	<u>65,187.76</u>
LIABILITIES & EQUITY	
Equity	
0302 Retained Earnings	55,683.25
Net Income	9,504.51
Total Equity	65,187.76
TOTAL LIABILITIES & EQUITY	<u>65,187.76</u>

Thunder Ridge Condominiums Homeowners' Association Inc

Profit & Loss

January through December 2003

Jan - Dec 03

Income

0401 · Association Dues	131,205.00
0406 · Late Fees	60.00
0412 · Interest Income	1,226.02
0414 · Other Income	1,230.00

Total Income	133,721.02
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Expense

0505 · Landscape Maintenance	18,978.80
0508 · Electrical Repairs	1,947.86
0516 · Painting - Exteriors	1,101.03
0520 · Structural Repairs	156.00
0521 · Cleaning/Janitorial	1,725.00
0522 · Pool/Spa Cleaning	1,970.00
0523 · Landscape Repair/Improvement	13,320.16
0524 · Pool/Spa Repairs/Improvements	2,228.57
0525 · Management Fees	7,150.00
0530 · Garbage Removal	9,594.00
0532 · Exterminating/Pest Control	4,195.00
0542 · Utilities - Electric	3,423.92
0543 · Utilities - Water/Sewer	9,078.33
0546 · Propane Fuels	2,575.25
0548 · Cable TV	27,350.01
0560 · Supplies - Pool/Spa	109.23
0564 · Supplies - Electrical	398.91
0565 · Supplies - Paint	104.58
0568 · Supplies - Other	1,054.80
0570 · Insurance	9,506.00
0574 · Legal Fees	1,080.00
0575 · Audit/Tax Return	880.00
0578 · Meeting Expense	376.83
0579 · Social Events	967.82
0580 · Postage	752.08
0582 · Bank Account Charges	183.65
0583 · Permits - Pool/Spa	350.00
0595 · Income Taxes-State/Federal	60.00
0598 · Misc Expense	100.00
0599 · Master Assoc	3,498.68

Total Expense	124,216.51
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Net Income	<u>9,504.51</u>
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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, 10-623 & 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 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.

2. 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.

Signature: Carol A. Henry Date: 3/24/2004
 Signature: Carol A. Henry
 Title: Treasurer
 Signature: Gail Keffner
 Title: Vice President

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