



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

AZ Corp. Commission
00707451

DUE ON OR BEFORE 04/14/2003

FY02-03

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. **(OUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.)** Make changes or corrections where necessary. Information on the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

1. -0863633-7
DESERT SUNSET HOMEOWNERS ASSOCIATION
PO BOX 2590
LITCHFIELD PARK, AZ 85340

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FEB 15 2003 ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

2. Statutory Agent: **LORI RUTLEDGE**
Mailing Address: ~~705 N 115TH AVE~~
City, State, Zip: ~~AVONDALE, AZ 85323~~
8715 W. Union Hills #106
Peoria Az 85382

Physical Address, if Different.
Physical Address: **8715 W. Union Hills Rd**
City, State, Zip: **Peoria, AZ 85382 #106**

NO 5-19-03

ACC USE ONLY

Fee \$ 10 **IPR 3-21-03**
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.

Lori Rutledge *Lori Rutledge*
Signature of new Statutory Agent

559721 596067

3. Secondary Address:
(Foreign Corporations are **REQUIRED** to complete this section.)

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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 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: Tony Esqueda Title: V.P. Address: P.O. Box 2590 Litchfield Park, AZ 85340

Date taking office: 2003 Name: Jeannette Socini Title: Sec/Treasurer Address: P.O. Box 2590 Litchfield Park, AZ 85340 Date taking office: 2003

Name: Vance Applegate Title: President Address: P.O. Box 2590 Litchfield Park, AZ 85340

Date taking office: 2003 Name: Title: Address: Date taking office:

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

Name: Beal Sevby Address: P.O. Box 2590 Litchfield Park, AZ 85340

Date taking office: 2003 Name: Address: Date taking office:

Name: Patricia Whitfield Address: P.O. Box 2590 Litchfield Park, AZ 85340

Date taking office: 2003 Name: Address: Date taking office:

DESERT SUNSET HOA
Income/Expense Statement

Period: 12/01/02 to 12/31/02

** Current Year Vs. Prior Year **

Description	Current Actual	Same Period Last Year Prior	Variance	Year-to-date Actual	Year-to-date Last Year Prior	Variance	Yearly Budget
INCOME:							
110 ASSESSMENTS 100+	3,341.00			32,146.94			
120 ASSESSMENT 25+	.00			1,539.54			
125 DEVELOPER SUBSIDY	.00			3,571.00			
140 INTEREST	1.33			38.00			
150 MISCELLANEOUS INCOME	.00			436.86			
Subtotal Income	3,342.33			37,734.34			
EXPENSES							
LANDSCAPE							
110 LANDSCAPE MAINTENANCE	920.00			12,260.00			
120 SPRINKLER	22.00			332.43			
125 FERTILIZER/CHEMICAL	.00			380.37			
130 PLANT & SEED	960.00			2,396.00			
135 TREE PRUNING	.00			.00			
LANDSCAPE	1,902.00			15,368.80			
MAINTENANCE							
180 GENERAL	.00			655.85			
170 MISCELLANEOUS SUPPLIES	510.00			625.60			
MAINTENANCE	510.00			1,281.45			
UTILITIES							
100 ELECTRIC	37.51			452.75			
120 WATER	843.04			8,560.52			
UTILITIES	880.55			9,013.27			
ADMINISTRATIVE							
100 INSURANCE	329.00			1,640.00			
110 MANAGEMENT	600.00			7,200.00			
120 COLLECTION	231.52			.00			
130 LEGAL/TAX PREPARATION	(329.10)			114.65			
150 COPIES/ADMIN SUPPLY	297.58			500.19			
160 POSTAGE	180.46			517.10			
170 MISC. ADMINISTRATION	15.00			217.93			
180 TAX & FRANCH	.00			351.72			
ADMINISTRATIVE	1,324.46			10,541.59			
RESERVE							
40 INTEREST	2.95			26.75			
75 RESERVE CONTRIBUTION	100.00			1,200.00			
RESERVE	102.95			1,226.75			
TOTAL EXPENSES	4,719.96			37,431.86			
CURRENT YEAR NET INCOME/(LOSS)	(1,377.63)			302.48			

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FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

profit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other corporations are exempt from filing a financial disclosure.

MEMBERS (A.R.S. § 10-11622.A.6) Only Nonprofit Corporations must answer this question.

This corporation **DOES** **DOES NOT** have members.

CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 been: derlined 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. 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

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.

- | | |
|---|---|
| 4. Full name and prior names used. | 5. Date and location of birth. |
| 6. Full birth name. | 6. Social Security Number |
| 7. 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. |
| 8. Prior addresses (for immediate preceding 7 year period). | |

STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 10-11623)

Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES NO
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 in any other corporation? Underlined portion pertains to business corporations only

One box must be marked: YES NO

YES to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the action 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.

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.

Prepared by Vance F Applegate Date 3/12/03 Name _____ Date _____
 Signature Vance Applegate Signature _____
 Title President Title _____

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