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

AZ Corp. Commission
00739273

DUE ON OR BEFORE 04/03/2003 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. YOUR 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. -0868108-0
LARKSPUR GARDENS CONDOMINIUM ASSOCIATION OF PHOENI
% KASS MANAGEMENT SERVICES
49 E THOMAS #111
PHOENIX, AZ 85012

RECEIVED
MAR 18 2003
ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

RECEIVED
JUL 14 2003
ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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

2. Statutory Agent: JONATHAN OLCOTT
Mailing Address: 4350 E CAMELBACK RD #16 D-C
City, State, Zip: PHOENIX, AZ 85018

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

RECEIVED
MAY 15 2003
ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

NO $7-16-03
NO $5/19/03

ACC USE ONLY
Fee $ 10
Penalty $_____
Reinstate $_____
Expedite $_____
Resubmit $_____

HPR
3-2003

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

559120 596441 627620

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. X 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.** - 0868108-0

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.**

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

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

Name: ANGELA M. SPEEKAS
Title: PRESIDENT
Address: 12445 N. 21st Ave #6, Phx 85029
[signature]
Date taking office: 4-1-02

Name: Peggy Goodman
Title: VICE-PRESIDENT
Address: 12445 N. 21 Ave #10, Phx 8502
[signature]
Date taking office: 4-1-02

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

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

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

Name: Angela Speekas
Address: 12445 N. 21st Ave
Phx Az 85029
Date taking office: 4-1-02

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

BALANCE SHEET
December 2002
Prepared For Property: Larkspur Garden H.O.A.
Kass Management Services

- 0808108-0

1000	Larkspur Gardens		1,291.19	
		Subtotal -		1,291.19
1020	LG - Cert of Deposit		6,532.62	
1300	Furniture & Fixtures		1,942.45	
1340	HOA Reserve Account		(12,772.50)	
		Subtotal -		(4,297.43)
		Total Assets		(3,006.24)
3000	Retained Earnings		(1,507.97)	
3999	Current Year Earnings/Loss		(1,498.27)	
		Total Capital		(3,006.24)
		Total Liabilities plus Capital		(3,006.24)

December 2002
Prepared For Property: Larkspur Garden H.O.A.
Kass Management Services

- 0868108-0

		Current Month	Year to Date Balance
scheduled		2,706.00	30,094.00
rating Revenue			
000	HOA Fees -Larkspur	2,031.59	28,188.08
100	Late Fee Income	0.00	6.00
120	NSF Fee Income	0.00	25.00
130	Fines & Violations	0.00	(45.00)
135	Legal Expense Income	(35.00)	(35.00)
160	Interest Income	0.00	0.47
990	Other Income	0.00	1,936.48
Total Operating Revenue		1,996.59	30,076.03
rating Expenses			
010	Management Fees	370.00	4,440.00
040	Maintenance Salaries	0.00	40.00
100	Advertising	0.00	19.35
110	Checks	0.00	198.51
120	Meeting Room	0.00	30.00
140	Telephone	46.23	594.09
190	Other Administrative Expenses	0.00	142.18
200	Maintenance & Repair	0.00	1,923.22
210	Exterior Maintenance	0.00	2,884.94
220	Landscaping	325.00	4,791.17
225	Exterior Light Bulbs	60.00	121.51
240	Exterior Supplies	0.00	10.78
250	Exterior Plumbing	0.00	1,251.80
261	Gate service	115.00	115.00
290	Termite Renewal Plan	0.00	903.00
295	Pest Control	0.00	129.00
300	Electricity	14.84	178.78
310	Water & Sanitation	670.09	7,993.94
320	Trash Collection	169.92	1,977.63
410	Bank Charges	16.00	178.50
412	Bank Recon Adjustments	0.00	(11.00)
440	Attorney Fees	312.50	1,480.10
500	Real Estate Taxes	0.00	50.00
510	Accounting Fees	0.00	285.00
520	Insurance	0.00	1,782.00
990	Other Operating Expenses	0.00	64.80
Total Operating Expenses		2,099.58	31,574.30
Net (Loss) Income from Operations		(102.99)	(1,498.27)
inning Cash Balance		1,328.00	
ease (Decrease) from Net Income from Operation		(102.99)	(1,498.27)
ease (Decrease) from Owner Capital Accounts			
000	Retained Earnings	0.00	(1,507.97)
ease (Decrease) from Other Accounts			
010	LG- Savings	66.18	0.00
020	LG - Cert of Deposit	0.00	(6,532.62)
300	Furniture & Fixtures	0.00	(1,942.45)
340	HOA Reserve Account	0.00	12,772.50
ing Cash Balance		1,291.19	1,291.19

inted: 01/07/03

OPERATING STATEMENT

December 2002

Prepared For Property: Larkspur Garden H.O.A.

Kass Management Services

-0868108-0

		Current Month	Year To Date
Income			
4000	HOA Fees -Larkspur	2,031.59	28,188.08
4100	Late Fee Income	0.00	6.00
4120	NSF Fee Income	0.00	25.00
4160	Interest Income	0.00	0.47
4990	Other Income	0.00	1,936.48
4130	Fines & Violations	0.00	(45.00)
4135	Legal Expense Income	(35.00)	(35.00)
TOTAL INCOME		$1,996.59	$30,076.03
Expenses			
5010	Management Fees	370.00	4,440.00
[redacted]	Maintenance Salaries	0.00	40.00
5100	Advertising	0.00	19.35
5110	Checks	0.00	198.51
5120	Meeting Room	0.00	30.00
5140	Telephone	46.23	594.09
5190	Other Administrative Expenses	0.00	142.18
5200	Maintenance & Repair	0.00	1,923.22
5210	Exterior Maintenance	0.00	2,884.94
5220	Landscaping	325.00	4,791.17
5240	Exterior Supplies	0.00	10.78
5250	Exterior Plumbing	0.00	1,251.80
5290	Termite Renewal Plan	0.00	903.00
5300	Electricity	14.84	178.78
5310	Water & Sanitation	670.09	7,993.94
5320	Trash Collection	169.92	1,977.63
5410	Bank Charges	16.00	178.50
5412	Bank Recon Adjustments	0.00	(11.00)
5440	Attorney Fees	312.50	1,480.10
5500	Real Estate Taxes	0.00	50.00
5510	Accounting Fees	0.00	285.00
5520	Insurance	0.00	1,782.00
7990	Other Operating Expenses	0.00	64.80
5225	Exterior Light Bulbs	60.00	121.51
5261	Gate service	115.00	115.00
5295	Pest Control	0.00	129.00
TOTAL EXPENSES		$2,099.58	$31,574.30
	NET OPERATING INCOME	($102.99)	($1,498.27)

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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 ns of 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 % of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: derlined portion pertains to business corporations only]

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?
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?
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** ☑

YES", the following information must be submitted as an attachment to this report for each person subject to one or more he actions stated in items 1. through 3. above.

1. Full name and prior names used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
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.

STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 0-11623)

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 e than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the poration served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation he other corporation? **[Underlined portion pertains to business corporations only]**

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

[redacted]

SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

clare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been d with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the ificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Angela Sparkes Date 3/1/03 Name Peggy Goodman Date 3/1/03

Signature [signature] Signature [signature]

Title PRESIDENT Title VICE-PRESIDENT

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