AZ Corp. Commission
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WEB FORM COPY

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

DUE ON OR BEFORE 04/03/2004 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. -0868108-0
LARKSPUR GARDENS CONDOMINIUM ASSOCIATION OF PHOENIX
% KASS MANAGEMENT SERVICES c/o Fairmont Realty RECEIVED
49 E THOMAS #111 320 E. McDowell Rd #200
PHOENIX, AZ 85012 Phx. Az 85004

APR 5 - 2004

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: 3401 N. 32nd ST
City, State, Zip: Phx. Az 85018

ACC USE ONLY
Fee $ 10 IPR 4-9-04
Penalty $_____
Reinstate $_____
Expedite $_____
Resubmit $_____

763620

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. 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.

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 PRINT OR TYPE CLEARLY.

NONE ☒

Name: _____ **Name:** _____

Name: _____ **Name:** _____

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

Name: Angela Sperekas

Title: President

Address: 12445 N. 21st Ave # 6

Phx. Az 85029

Date taking office: 4/03

Name: Peggy Goodman

Title: V. President

Address: 1244 S. N. 21st Ave #10

Phx. Az 85029

Date taking office: 4/03

Name: _____

Title: _____

Address: _____

Date taking office:

Name: _____

Title: _____

Address: _____

Date taking office:

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

Name: Angela Sperekas

Address: 12445 N. 21st Ave #6

Phx. Az 85029

Date taking office: 4/03

Name: _____

Address:

Date taking office: _____

Name: _____

Address: _____

Date taking office:

Name: _____

Address:

Date taking office: _____

LARKSPUR GARDENS CONDO ASSOCIATION

BALANCE SHEET
DECEMBER 31, 2003

******Assets******

Cash:			
Cash-Checking Johnson Bk	2,937.52		
Total Cash		$ 2,937.52	
Prepaid Expenses:			
Prepaid Expenses	325.00		
Total Prepaid Expenses		$ 325.00	
Total Assets			$ 3,262.52

Liabilities & Equity

Equity:			
Retained Earnings	5,823.81		
Current Earnings	(2,561.29)		
Total Equity		$ 3,262.52	
Total Liability & Equity			$ 3,262.52

Prepared by:
FarrMont Realty Group, Inc.

LARKSPUR GARDENS CONDO ASSOCIATION

INCOME STATEMENT

PERIOD ENDING DECEMBER 31, 2003

	CURRENT PERIOD	PERCENT	YEAR TO DATE	PERCENT
Operating Income:				
Monthly Assessment Income	$ 1,597.64	84.19	$ 27,753.27	95.74
Total Assessment Income	1,597.64	84.19	27,753.27	95.74
Other Income:				
Legal Fee Reimbursement	300.00	15.81	1,247.00	4.30
Interest Income	0.00	0.00	76.66	0.26
Late Charges	0.00	0.00	(90.00)	0.31
Miscellaneous Income	0.00	0.00	75.00	0.26
Total Other Income	300.00	15.81	1,308.66	4.51
Bad Debt Income:				
Bad Debt-Write Off	0.00	0.00	(75.00)	0.26
Total Bad Debt Income	0.00	0.00	(75.00)	0.26
Total Income	1,897.64	100.00	28,986.93	100.00
Expense:				
Contract Services:				
Landscaping	200.00	10.54	2,775.00	9.57
Light Maintenance	60.00	3.16	720.00	2.48
Tree Maintenance	0.00	0.00	475.00	1.64
Sprinkler Maintenance	7.32	0.39	17.77	0.06
Misc. Maint/Repair	0.00	0.00	254.28	0.88
Gate Repair	190.00	10.01	969.78	3.35
Roof Repairs	0.00	0.00	505.00	1.74
Pest Control	0.00	0.00	1,186.80	4.09
Total Contract Service	457.32	24.10	6,903.63	23.82
Other Maint./Supplies				
Gate Transmitters	0.00	0.00	6.00	0.02
Light & Bulb Replacement	16.88	0.89	378.65	1.31
Office Supplies	279.82	14.75	752.04	2.59
Misc. Repair Supplies	201.62	10.62	271.49	0.94

Prepared by:

FarrMont Realty Group, Inc.

LARKSPUR GARDENS CONDO ASSOCIATION

INCOME STATEMENT

PERIOD ENDING DECEMBER 31, 2003

	CURRENT PERIOD	PERCENT	YEAR TO DATE	PERCENT
Total Other Maint/Supply	$ 498.32	26.26	$ 1,408.18	4.86
Utilities:				
Electricity	81.05	4.27	536.22	1.85
Water/Sewer	556.70	29.34	7,982.80	27.54
Telephone	45.19	2.38	543.82	1.88
Trash Collection	189.46	9.98	2,254.14	7.78
Total Utilities	872.40	45.97	11,316.98	39.04
Insurance Expense:				
Property Insurance	0.00	0.00	5,623.00	19.40
Total Prop. Insurance	0.00	0.00	5,623.00	19.40
General & Administrative				
Bank Charges	14.15	0.75	119.43	0.41
Mgmt Fee-Contract	320.00	16.86	3,840.00	13.25
Administrative	0.00	0.00	10.00	0.03
Audit/Income Tax Prep	0.00	0.00	288.00	0.99
Income Taxes	0.00	0.00	45.00	0.16
Annual Meeting Facility	0.00	0.00	15.00	0.05
Total Amin. Expense	334.15	17.61	4,317.43	14.89
Legal Expense:				
Legal	487.00	25.66	1,979.00	6.83
Total Legal Expense	487.00	25.66	1,979.00	6.83
Total Operating Expenses	2,649.19	139.60	31,548.22	108.84
Net Operating Income	(751.55)	39.60	(2,561.29)	8.84
Capital Expenses:				
Net Profit/(Loss)	(751.55)	39.60	(2,561.29)	8.84

Prepared by:

FarrMont Realty Group, Inc.

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.
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.

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 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 Angela Sperka **Date** 3/30/03 **Name** _____ **Date** _____

Signature _____ **Signature** _____

Title President **Title** _____

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