AZ Corp. Commission
01860486

WEB FORM COPY

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

DUE ON OR BEFORE 10/08/2006 FY06-07 **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. -0890587-0
ARBOLEDA COMMUNITY ASSOCIATION
% JOMAR ASSOCIATION SERVICES
~~3235 N WASHINGTON ST~~
~~CHANDLER, AZ 85225~~ → **1514 West Todd Drive, Suite B103 Tempe, AZ 85283**

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

2. Statutory Agent: JAN LINES
Mailing Address: % JOMAR ASSOCIATION SERVICES
~~3235 N WASHINGTON ST~~
City, State, Zip: ~~CHANDLER, AZ 85225~~

Physical Address, If Different.
Physical Address:
City, State, Zip: **1514 West Todd Drive, Suite B103 Tempe, AZ 85283**

ACC USE ONLY
Fee $_____
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).

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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. 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 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)

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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: MICHAEL J. ORR
Title: PRESIDENT
Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283
Date taking office: 8/9/06

Name: DONALD ELLIS
Title: VICE PRESIDENT
Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283
Date taking office: 8/9/06

Name: MAXINE CLARK
Title: SECRETARY
Address: 1514 West Todd Drive Suite B103 Tempe AZ 85283
Date taking office: 8/9/06

Name: CHRISTINE FETCHICK
Title: TREASURER
Address: 1514 West Todd Drive Suite B103 Tempe AZ 85283
Date taking office: 8/9/06

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

Name: TANICE GRISSOM
Address: 1514 West Todd Drive, Suite B103 Tempe, AZ 85283
Date taking office: 8/9/06

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Name: _____
Address: _____
Date taking office: _____

Balance Sheet Report
Arboleda Community Association
As of January 31, 2006

	Balance Jan 31, 2006	Balance Nov 30, 2005	Change
Assets			
Cash			
1110 - Cash - 1st Natl Bank 2351	10,064.76	3,295.77	6,768.99
Total Cash	**10,064.76**	**3,295.77**	**6,768.99**
Cash Reserves			
1215 - Reserves - Working Capital 3785	100,809.72	93,566.64	7,243.08
1250 - Reserves - Spec. Assesment 3980	899.26	24,570.36	(23,671.10)
1270 - Reserves - Unallocated 1693	62,420.91	81,636.44	(19,215.53)
Total Cash Reserves	**164,129.89**	**199,773.44**	**(35,643.55)**
Current Assets			
1310 - Accounts Receivable	4,551.03	5,727.50	(1,176.47)
1610 - Prepaid Insurance	225.49	676.37	(450.88)
1620 - Prepaid Expenses	1,989.14	6,510.00	(4,520.86)
Total Current Assets	**6,765.66**	**12,913.87**	**(6,148.21)**
Other Assets			
2550 - Refundable Utility Deposit(s)	26,568.00	400.00	26,168.00
Total Other Assets	**26,568.00**	**400.00**	**26,168.00**
Total Assets	**207,528.31**	**216,383.08**	**(8,854.77)**
Liabilities			
Liabilities			
3010 - Accounts Payable	3,143.81	26,872.19	(23,728.38)
3310 - Prepaid Owner Assessments	25,945.46	13,698.18	12,247.28

Balance Sheet Report
Arboleda Community Association
As of January 31, 2006

	Balance Jan 31, 2006	Balance Nov 30, 2005	Change
Liabilities			
Liabilities			
3345 - Reserves - Due From Operating	26,168.00	0.00	26,168.00
Total Liabilities	**55,257.27**	**40,570.37**	**14,686.90**
Total Liabilities	**55,257.27**	**40,570.37**	**14,686.90**
Owners' Equity			
Reserves			
5010 - Reserves - Unallocated	62,420.91	81,636.44	(19,215.53)
5015 - Reserves - Working Capital	100,809.72	93,566.64	7,243.08
5050 - Reserves - Special Assessment	899.26	24,570.36	(23,671.10)
Total Reserves	**164,129.89**	**199,773.44**	**(35,643.55)**
Equity			
5510 - Prior Year Net Inc./Loss	(19,303.34)	4,481.92	(23,785.26)
Total Equity	**(19,303.34)**	**4,481.92**	**(23,785.26)**
Total Owners' Equity	**144,826.55**	**204,255.36**	**(59,428.81)**
Net Income / (Loss)	**7,444.49**	**(28,442.65)**	**35,887.14**
Total Liabilities and Equity	**207,528.31**	**216,383.08**	**(8,854.77)**

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 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 Mike Orr **Date** 1/2/07 **Name** _____ **Date** _____

Signature Michael J. Orr **Signature** _____

Title Board President **Title** _____

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