



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

AZ Corp. Commission



00940883

DUE ON OR BEFORE 04/06/2004

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.

RECEIVED

1. -1076324-6
TRAMONTO PARCEL W-16 CONDOMINIUM ASSOCIATION
 2020 N ARIZONA AVE STE G-62
 CHANDLER, AZ 85225

**RECEIVED
MAY 19 2004**

MAR 16 2004

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA **Type of Corporation:** NON-PROFIT

2. **Statutory Agent:** C TIMOTHY WHITE
Mailing Address: % GREENBERG & TRAURIG
 2375 E CAMELBACK RD #700
 City, State, zip: PHOENIX, AZ 85016

Physical Address, if Different:
Physical Address:
 City, State, Zip:

NOV 5/26/04 4645 S. Cotton G. Loop Phoenix AZ 85040

Use this box only if appointing a new Statutory Agent

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

IPR 3/12/04

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

Patti Garvin

Printed Name of new Statutory Agent

3. **Secondary Address:**

*752275
788583*

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

10763246

Number of Shares/Certificates **Authorized** N/A Class _____ Series Within Class (if any) _____

Number of Shares/Certificates **Issued** N/A 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: Theed Porter
Title: President
Address: 2020 N. Arizona Ave #G62
Chandler, AZ 85225

Name: Shawn Porter
Title: Secretary / Treasurer
Address: 2020 N. Arizona Ave #G62
Chandler, AZ 85225

Date taking office: May 6, 2003
Name: Todd Wakely
Title: Vice President
Address: 2020 N. Arizona Ave #G62
Chandler, AZ 85225

Date taking office: May 6, 2003
Name: _____
Title: _____
Address: _____

Date taking office: May 6, 2003

Date taking office: _____

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

Name: Theed Porter
Address: 2020 N. Arizona Ave #G62
Chandler, AZ 85225

Name: _____
Address: _____

Date taking office: May 6, 2003

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

TRAMONTO PARCEL W16

Balance Sheet

As of 12/31/03

ASSETS

Operating-1st Bank of AZ	\$	4,880.95	
Assessment Receivable		362.08	
Other Receivable		3,577.04	
PPD Insurance - Exp. 11/20/04		7,176.58	
TOTAL ASSETS			\$ 15,996.65

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LIABILITIES & EQUITY

CURRENT LIABILITIES:

Accounts Payable	\$	9,471.40	
Accrued Income Tax		50.00	
Subtotal Current Liab.			\$ 9,521.40

RESERVES:

Unallocated	\$	(539.00)	
Working Capital		2,983.16	
Subtotal Reserves			\$ 2,444.16

EQUITY:

Current Year Net Income/(Loss)	\$	4,031.09	
Subtotal Equity			\$ 4,031.09

TOTAL LIABILITIES & EQUITY			\$ 15,996.65
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TRAMONTO PARCEL W16
Income/Expense Statement
 Period: 12/01/03 to 12/31/03

Description	Current Period			Year-To-Date			Yearly Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
INCOME:							
04010 Homeowner Assessments	362.08	11,757.16	(11,395.08)	362.08	141,085.92	(140,723.84)	141,085.92
04030 Builder Assessments	593.88	.00	593.88	593.88	.00	593.88	.00
04070 Builder Contributions	.00	.00	.00	6,240.00	.00	6,240.00	.00
04145 Interest-Bank Accounts	.42	.00	.42	3.55	.00	3.55	.00
Subtotal Income	956.38	11,757.16	(10,800.78)	7,199.51	141,085.92	(133,886.41)	141,085.92
EXPENSES							
UTILITIES							
05040 Electric	.00	200.00	200.00	.00	3,000.00	3,000.00	3,000.00
05041 Lighting Cont't (Dusk to Dawn)	.00	175.00	175.00	.00	2,100.00	2,100.00	2,100.00
05060 Gas-Natural	.00	.00	.00	.00	5,400.00	5,400.00	5,400.00
05180 Water	.00	56.66	56.66	.00	1,020.00	1,020.00	1,020.00
UTILITIES	.00	431.66	431.66	.00	11,520.00	11,520.00	11,520.00
MAINTENANCE							
05260 Sprinkler Repair	.00	61.25	61.25	.00	735.00	735.00	735.00
05295 Landscape Contract	.00	2,450.00	2,450.00	.00	29,400.00	29,400.00	29,400.00
05300 Lighting Maintenance	.00	35.00	35.00	.00	420.00	420.00	420.00
05305 Main Sewer Line Cleaning	.00	250.00	250.00	.00	3,000.00	3,000.00	3,000.00
05315 Parking Patrol Service	.00	400.00	400.00	.00	4,800.00	4,800.00	4,800.00
05320 Pest Control	.00	170.00	170.00	.00	2,040.00	2,040.00	2,040.00
05335 Pool Maintenance Contract	.00	385.00	385.00	.00	4,620.00	4,620.00	4,620.00
05340 Pool Repair	.00	175.00	175.00	.00	2,100.00	2,100.00	2,100.00
05341 Pool Janitorial (Restrooms)	.00	240.00	240.00	.00	2,880.00	2,880.00	2,880.00
05395 Signs	.00	48.00	48.00	.00	576.00	576.00	576.00
05410 Street Sweeping	.00	160.00	160.00	.00	1,920.00	1,920.00	1,920.00
05411 Trash Compactor Expense	(2,100.00)	.00	2,100.00	.00	.00	.00	.00
05420 Trash Compactor	(226.71)	502.00	728.71	502.00	6,024.00	5,522.00	6,024.00
05425 Tree Trimming	.00	280.00	280.00	.00	3,360.00	3,360.00	3,360.00
05435 Concrete Repairs	.00	25.00	25.00	.00	300.00	300.00	300.00
MAINTENANCE	(2,326.71)	5,181.25	7,507.96	502.00	62,175.00	61,673.00	62,175.00
SUPPLIES							
05500 Misc. Common Area Expense	.00	134.00	134.00	.00	1,608.00	1,608.00	1,608.00
05520 Irrigation Supplies	.00	61.25	61.25	.00	735.00	735.00	735.00
05530 Landscape Supplies	.00	100.00	100.00	.00	1,200.00	1,200.00	1,200.00
05531 Plants & Shrubs	.00	50.00	50.00	.00	600.00	600.00	600.00
05540 Pool Chemicals	.00	75.00	75.00	.00	3,525.00	3,525.00	3,525.00
05541 Pool Furniture	.00	.00	.00	.00	300.00	300.00	300.00
05542 Pool Keys	.00	10.00	10.00	.00	120.00	120.00	120.00
05545 Miscellaneous Supplies	.00	134.00	134.00	.00	1,608.00	1,608.00	1,608.00
SUPPLIES	.00	564.25	564.25	.00	9,696.00	9,696.00	9,696.00
ADMINISTRATIVE							
05610 Tax Preparation	.00	.00	.00	.00	740.04	740.04	740.04

TRAMONTO PARCEL W16
Income/Expense Statement
Period: 12/01/03 to 12/31/03

Description	Actual	Current Period Budget	Variance	Actual	Year-To-Date Budget	Variance	Yearly Budget
05640 Bank Charges	15.00	15.00	.00	120.00	180.00	60.00	180.00
05670 Collections (In House)	.00	50.00	50.00	.00	600.00	600.00	600.00
05671 Legal Collections	.00	151.82	151.82	.00	1,821.84	1,821.84	1,821.84
05720 Insurance	652.42	1,900.00	1,247.58	652.42	22,800.00	22,147.58	22,800.00
05730 Legal	.00	100.50	100.50	.00	1,206.00	1,206.00	1,206.00
05740 Management	.00	1,350.00	1,350.00	765.00	16,200.00	15,435.00	16,200.00
05760 Meeting Facility Rental	.00	25.00	25.00	.00	300.00	300.00	300.00
05800 Miscellaneous Office Expense	.00	50.92	50.92	.00	611.04	611.04	611.04
05820 Office/Printing/Website etc.	60.40	201.00	140.60	79.00	2,412.00	2,333.00	2,412.00
05830 Permits, Licenses, Fees	.00	.00	.00	.00	300.00	300.00	300.00
05840 Postage	.00	134.00	134.00	.00	1,608.00	1,608.00	1,608.00
05900 Taxes-Income	50.00	.00	(50.00)	50.00	504.00	454.00	504.00
05935 Web Site	50.00	.00	(50.00)	299.00	.00	(299.00)	.00
ADMINISTRATIVE	827.82	1,978.24	3,150.42	1,955.42	49,282.92	47,317.50	49,282.92
RESERVE							
06010 Reserve Allocation	.00	701.00	701.00	.00	8,412.00	8,412.00	8,412.00
06011 Bldr Reserve	701.00	.00	(701.00)	701.00	.00	(701.00)	.00
RESERVE	701.00	701.00	.00	701.00	8,412.00	7,711.00	8,412.00
TOTAL EXPENSES	(797.89)	10,856.40	11,654.29	3,168.42	141,085.92	137,917.50	141,085.92
CURRENT YEAR NET INCOME/(LOSS)	1,754.27	900.76	853.51	4,031.09	.00	4,031.09	.00

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, 10-1623 & 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 Deed Porter Date 2/9/04 Name Todet Wakely Date 2/9/04
 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.)