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 04/24/2006 FY05-06 **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. -1104943-1

94TH STREET MCDOWELL MOUNTAIN BUSINESS PARK CONDOMINIUM ASSO
~~16009 N 81ST ST #200~~ 8715 W. Union Hills Dr. #106
~~SCOTTSDALE, AZ 85260~~ Peoria, AZ 85382

RECEIVED
MAR 16 2006
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

* MISSING 2005 ANNUAL REPORT; QUESTIONS? CALL THE COMMISSION AT 602-542-3285!

Business Phone: _____ (Business phone is optional.)

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

Lori Rutledge

2. Statutory Agent: ~~JEFFREY J MILLER~~
Mailing Address: ~~2 N CENTRAL AVE 18TH FL~~
City, State, Zip: ~~PHOENIX, AZ 85004~~

Physical Address, If Different.
Physical Address: 8715 W. Union Hills Dr. #106
City, State, Zip: Peoria, AZ 85382

IPR 3-24-06

ACC USE ONLY
Fee $10
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
Signature of *new* Statutory Agent

Lori Rutledge
Printed Name of *new* Statutory Agent

3. **Secondary Address:**

(Foreign Corporations are **REQUIRED** to complete this section).

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3 -13

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 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: Jay Gold
Title: Vice President
Address: 8715 W. Union Hills Dr., #106
Peoria, AZ 85382
8/1/04

Name: _____
Title: _____
Address: _____

Date taking office: _____ Date taking office: _____

Name: _____ **Name:** _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

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

Name: Jay Gold **Name:** _____

Address: 8715 W. Union Hills Dr. #106 Address: _____
Peoria, AZ 85382

Date taking office: 8-1-04 Date taking office: _____

Name: _____ **Name:** _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

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94TH ST MCDOWELL MTN BUS. PARK

Balance Sheet

As of 12/31/05

		ASSETS		
	CASH			
1031-000	CASH - CHECKING PREV	$ 452.00		
1035-000	CHECKING -1ST CAPITAL BANK	36,147.57		
	TOTAL CASH		$	36,599.57
	OTHER ASSETS			
1075-000	APS DEPOSITS	$ 700.00		
	TOTAL OTHER ASSETS		$	700.00
	DESIGNATED RESERVE CASH			
1020-000	1ST CAPITAL BANK -RESERVES	$ 94,619.51		
	TOTAL DESIGNATED RESERVE CASH		$	94,619.51
	ACCOUNTS RECEIVABLE			
1079-000	BELL ST IMPROVEMENTS REC	$ 39,435.94		
1080-000	ACCTS RECEIVABLE	36,056.35		
	TOTAL ACCOUNT RECEIVABLE		$	75,492.29
	PREPAID ASSETS			
1085-000	PREPAID INSURANCE	$ 2,517.26		
	TOTAL PREPAID ASSETS		$	2,517.26
	TOTAL ASSETS		$	209,928.63
		LIABILITIES & EQUITY		
	CURRENT LIABILITIES:			
2975-000	PREPAID OWNERS ASSESSMENTS	$ 1,121.94		
3020-000	Accounts Payable	280.00		
	Subtotal Current Liab.		$	1,401.94
	EQUITY:			
3030-000	RESERVES - GENERAL	$ 46,087.63		
3040-000	RESERVES - COMMON	2,152.00		
3050-000	RESERVES - STRUCTURAL BLDG	46,268.00		
3080-000	RESERVE INTEREST	111.88		
	TOTAL RESERVES		$	94,619.51
3500-000	PRIOR YEAR NET INC/LOSS	$ 28,590.86		
	Subtotal Equity		$	28,590.86
	Net Profit/Loss	$ 85,316.32		
	TOTAL LIABILITIES & EQUITY		$	209,928.63

Please Enter Corporation Name: 94TH STREET MCDOWELL MOUNTAIN BUSI File number -1104943-1 Page 3

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.

X **Name** Jay Bradley **Date** 3-1-6 **Name** _____ **Date** _____

Signature [signature] **Signature** _____

Title Vice President **Title** _____

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