



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

Arizona Corporation Commission



DUE ON OR BEFORE 04/15/2001

FY00-01

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 for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

-0512457-6

1. VILLA BALBOA HOMEOWNERS ASSOCIATION, INC  
% HARDMAN REALTY MGMT  
5410 E PIMA  
TUCSON, AZ 85712

RECEIVED

FEB 26 2001

MISSING 1998 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-32851

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: 795-7677 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: DIANNE J HARDMAN  
Street Address: 5410 E PIMA  
(NOT P.O. BOX)  
City, State, Zip: TUCSON AZ 85712-

ACC USE ONLY

Fee \$ 10 2/27/01  
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

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

- |                                                 |                                                              |
|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |                                                                                          |
|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Charitable                                                   |
| <input type="checkbox"/> 2. Benevolent                                                   |
| <input type="checkbox"/> 3. Educational                                                  |
| <input type="checkbox"/> 4. Civic                                                        |
| <input type="checkbox"/> 5. Political                                                    |
| <input type="checkbox"/> 6. Religious                                                    |
| <input type="checkbox"/> 7. Social                                                       |
| <input type="checkbox"/> 8. Literary                                                     |
| <input type="checkbox"/> 9. Cultural                                                     |
| <input type="checkbox"/> 10. Athletic                                                    |
| <input type="checkbox"/> 11. Science/Research                                            |
| <input type="checkbox"/> 12. Hospital/Health Care                                        |
| <input type="checkbox"/> 13. Agricultural                                                |
| <input type="checkbox"/> 14. Animal Husbandry                                            |
| <input checked="" type="checkbox"/> 15. Homeowner's Association                          |
| <input type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 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.

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.

Name: BURT CASMANTitle: PRESIDENTAddress: 300 FIELDCRESTTUC. AZ. 85737Date taking office: 1/1999Name: SONJA ARMSTRONGTitle: TREAS.Address: 281 HIGHCOURTE LANETUCSON, ARIZ 85737Date taking office: 1/1998Name: BARBARA PALMERTitle: VICE-PREST.Address: 250 BELCOURTE PLACETUCSON, ARIZ 85737Date taking office: 1/1999

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**8. DIRECTORS**

Please Type or Print Clearly.

Name: PEGGY SMITHAddress: 270 BELCOURTE PLACETUCSON, ARIZ 85737Date taking office: 1/2000Name: WALT ROBERSONAddress: 261 HIGHCOURTE LANETUCSON, ARIZ 85735Date taking office: 1/2000Name: DONNA LEVYAddress: 310 FIELDCREST LANETUCSON ARIZ. 85737Date taking office: 1/2000Name: CONNIE DUNNEAddress: 311 HIGHCOURTE LANETUCSON, ARIZ 85735Date taking office: 1/1999

**VILLA BALBOA TOWNHOME ASSOCIATION****Balance Sheet****As of December 31, 1999**

	<u>Dec 31, 99</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
NBA Checking	12,508
CD #1	11,573
CD #2	5,433
CD #3	11,975
Total Checking/Savings	<u>41,489</u>
Accounts Receivable	
Accts Rec / (Advance Payments)	<u>(2,130)</u>
Total Accounts Receivable	<u>(2,130)</u>
Other Current Assets	
Petty Cash	<u>150</u>
Total Other Current Assets	<u>150</u>
Total Current Assets	<u>39,508</u>
<b>TOTAL ASSETS</b>	<u><u>39,508</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	
Prior Retained Earnings	42,714
Net Income	<u>(3,205)</u>
Total Equity	<u>39,508</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>39,508</u></u>

See accountant's compilation report.

**VILLA BALBOA TOWNHOME ASSOCIATION****Statement of Profit and Loss  
January through December 2000**

	<u>Jan - Dec 00</u>
Ordinary Income/Expense	
Income	
HOA Dues	85,224
Late Fees	320
Legal Fee Recovery Revenue	94
Interest	507
Purchaser Disclosure Fees	450
Other Income	<u>7</u>
Total Income	86,601
Expense	
Administration	
Insurance	1,463
Legal Fees	(537)
Licenses, Permits, Dues	243
Management Fees	6,900
Office Expense	1,044
Purchaser Disclosure	525
Taxes - Real Property	<u>19</u>
Total Administration	9,658
Repairs & Maintenance	
Cleaning	1,395
General Maintenance	1,396
Grounds	1,014
Pool Repairs	1,901
Tree Trimming	<u>1,585</u>
Total Repairs & Maintenance	7,292
Services	
Pest Control	125
Lot Sweeping	390
Pool Service Contract	2,612
Landscape Contract	33,880
Landscaping - Other Costs	<u>323</u>
Refuse Collection Contract	<u>10,725</u>
Total Services	48,055
Supplies	
Electric Supplies	400
Pool Supplies	<u>1,098</u>
Total Supplies	1,499
Utilities	
Electric	4,614
Gas	4,048
Water & Sewer	<u>6,466</u>
Total Utilities	15,127

See accountant's compilation report.

**VILLA BALBOA TOWNHOME ASSOCIATION**

**Statement of Profit and Loss  
January through December 2000**

	<u>Jan - Dec 00</u>
Uncategorized Expenses	<u>0</u>
Total Expense	<u>81,630</u>
Net Ordinary Income	4,971
Other Income/Expense	
Other Expense	
Special Improvements	
Major Tree Trimming	72
Painting Common Walls	200
Pool Stone	1,157
Retaining Wall	800
Pool Tile Repairs	155
Landscaping Reserved & Paid	<u>1,442</u>
Total Special Improvements	<u>3,826</u>
Total Other Expense	<u>3,826</u>
Net Other Income	<u>(3,826)</u>
Net Income	<u><u>1,145</u></u>

See accountant's compilation report.

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)**

Nonprofit corporations **must attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only**

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 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 profit 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 (A.R.S. §§10-202.D.2 & 10-3202.02)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? **[Underlined portion pertains to profit corporations only]**

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

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

If "YES", 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. 2) The state in which each corporation was incorporated b) transacted business. 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION:** Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures 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 Barbara Palmer Date 2/21/01 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Barbara A Palmer Signature \_\_\_\_\_

Title Vice President Title \_\_\_\_\_

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