



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

Arizona Corporation Commission



00532825

DUE ON OR BEFORE 04/28/2002

FY01-02

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.**

RECEIVED

JUL 25 2002

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

1. -0088130-4
VERDE VILLAGE PROPERTY OWNERS' ASSOCIATION
4855 BROKEN SADDLE DR STE E
COTTONWOOD, AZ 86326

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

2. Arizona Statutory Agent: **L RICHARD MABERY**
Street Address: **234 N MONTEZUMA ST**
PRESCOTT, AZ 86301
City, State, Zip:

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10 730.02 IPR
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

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 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)
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N/A

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
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N/A

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: _____
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NONE ☒

Name: _____	Name: _____
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7. OFFICERS Please Type or Print Clearly.

Name: ****SEE ATTACHED LIST****

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly.

Name: ****SEE ATTACHED LIST****

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

**VERDE VILLAGE PROPERTY OWNERS ASSOCIATION ✓
OFFICERS AND DIRECTORS**

PRESIDENT

Jerry Winder
3732 East Comanche Drive
Cottonwood AZ 86326
646-7045
winder@wildapache.net

VICE PRESIDENT

Dixie Bartels
1778 Gold Rush Road
Cottonwood AZ 86326
646-3098

SECRETARY/TREASURER

Mary Brann
2359 Lariat Circle
Cottonwood AZ 86326
646-3536
mbrann@cybertrails.com

UNIT 1

Rose Ann Martin
5602 East River Run
Cottonwood AZ 86326
646-6503

UNIT 3

Neil McLeod
2448 Warriors Run
Cottonwood AZ 86326
646-5280

UNIT 2

Ruth Johnson
4702 Canyon Trail
Cottonwood AZ 86326
646-5718
ruth_j@commspeed.net

UNIT 4

Jewell Morrow
4257 E. Wild Stallion
Cottonwood AZ 86326
646-6772

Mary Brann
2359 Lariat Circle
Cottonwood AZ 86326
646-3536
mbrann@cybertrails.com

Rodney Vincent , Jr.
4073 Del Rio Drive
Cottonwood AZ 86326
646-2726

VERDE VILLAGE PROPERTY OWNERS ASSOCIATION ✓
OFFICERS AND DIRECTORS

UNIT 5

Ellen Winder
3732 East Comanche Drive
Cottonwood AZ 86326
646-7075
winder@wildapache.net

Len Woodard

4161 Sabino Trail
Cottonwood AZ 86326
646-5530

UNIT 6

Dixie Bartels
1778 Gold Rush Road
Cottonwood AZ 86326
646-3098

UNIT 7

No Directors

UNIT 8

Bettye Goff
1014 Monte Tesero
Cottonwood AZ 86326
634-0800

0088130-4

Schedule A - Balance Sheet

Note: Amounts used in attached schedules and in this column should be end of year amounts.

(a)
Beginning of year(b)
End of year

Assets

A1	Cash		92708	00	A1		90450	00
A2a	Accounts receivable	A2a		00				
b	Less: allowance for doubtful accounts	A2b						
c	Line A2a less line A2b. Enter difference in column (b)			00	A2c			00
A3a	Other notes and loans receivable - attach schedule	A3a		00				
b	Less: allowance for doubtful accounts	A3b		00				
c	Line A3a less line A3b. Enter difference in column (b)			00	A3c			00
A4	Inventories			00	A4			00
A5	Investments (securities) - attach schedule			00	A5			00
A6	Investments (other) - attach schedule			00	A6			00
A7a	Land, buildings, and equipment; basis	A7a	98421	00				
b	Less: accumulated depreciation - attach schedule	A7b	3071	00				
c	Line A7a less line A7b. Enter difference in column (b)			00	A7c		95350	00
A8	Other assets - describe FURNITURE & FIXTURES			00	A8		14255	00
A9	Total assets - add lines A1 through A8		205384	00	A9		200055	00

Liabilities

A10	Accounts payable and accrued expenses		00	A10			00
A11	Mortgages and other notes payable - attach schedule		00	A11			00
A12	Other liabilities - describe		00	A12			00
A13	Total liabilities - add lines A10 through A12		00	A13			00

Net Assets

A14	Capital stock or trust principal		00	A14			00	
A15	Paid-in or capital surplus		00	A15			00	
A16	Retained earnings or accumulated income		205384	00	A16		200055	00
A17	Total net assets - add lines A14 through A16		205384	00	A17		200055	00
A18	Total liabilities and net assets - add lines A13 and A17		205384	00	A18		200055	00

Certification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please
Sign Here

Signature of officer

Date

Title

Paid
Preparer's
Use Only

Preparer's signature

Date

CIRCLE W BUSINESS SERVICES LLC

86-1048416

Firm's name (or preparer's, if self-employed)

Preparer's TIN

1290 S HWY 260, COTTONWOOD, AZ

86326

Firm's address

Zip code

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.

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 Dixie L. Bartels Date 7-10-02 Name Mary E. Brant Date 7/22/02

Signature Dixie L. Bartels Signature Mary E. Brant

Title president Title Secretary

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