



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

AZ Corp. Commission
00728566

DUE ON OR BEFORE 04/05/2003

FY02-03

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

MAY 05 2003

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0815118-9

VISTA DEL ORIENTE HOMEOWNERS ASSOCIATION
% GLENN PATCHING
6655 E CIRCULO INVIERNO
TUCSON, AZ 85750

Business Phone:

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: GLENN PATCHING

Physical Address, if Different. RECEIVED

Physical Address:

City, State, Zip:

Mailing Address: 6655 E CIRCULO INVIERNO
City, State, Zip: TUCSON, AZ 85750

JUN 23 2003

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1086-25-03

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.

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. 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.**

Number of Shares/Certificates Authorized 2 Class _____ Series Within Class (if any) _____

Number of Shares/Certificates Issued 0 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: JOANNE OIOLLI

Title: PRES.

Address: 8764 E. OLD SPANISH TCE
TUCSON AZ 85710

Date taking office: 12/01

Name: KATHY OLSON

Title: SEC/TRES

Address: 8787 E. OLD SPANISH TCE
TUCSON, AZ 85710

Date taking office: 12/01

Name: JOE BIANCO

Title: VICE PRES - KENYON TCE

Address: 8742 E. KENYON TCE
TUCSON AZ 85710

Date taking office: 12/01

Name: _____

Title: _____

Address: _____

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

Name: MAT TWEEK

Address: 8743 E. OLD SPANISH TCE
TUCSON AZ 85710

Date taking office: 12/02

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Balance Sheet (Cash)
c/o Tucson Commercial Mgmt - (VDO)
Dec 2002

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11:58 AM

Prepared For:
Vista Del Oriente
P.O. Box 12868
Tucson, AZ 85732

Prepared By:
TUCSON COMMERCIAL MANAGEMENT
P.O. BOX 12868
TUCSON, AZ 85732-2868

ASSETS

CASH

Cash in Bank 1

11,933.15

Cash in Bank 2

20,623.91

TOTAL CASH

32,557.06

TOTAL ASSETS

32,557.06

LIABILITIES & CAPITAL

LIABILITIES

TOTAL LIABILITIES

CAPITAL

Retained Earnings

32,557.06

NET WORTH

32,557.06

TOTAL LIABILITIES & CAPITAL

32,557.06

Budget Comparison Cash Flow (Cash)
c/o Tucson Commercial Mgmt - (VDO)
Dec 2002

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6/20/03
11:58 AM

Prepared For:
Vista Del Oriente
P.O. Box 12868
Tucson, AZ 85732

Prepared By:
TUCSON COMMERCIAL MANAGEMENT
P.O. BOX 12868
TUCSON, AZ 85732-2868

	MTD Actual	MTD Budget	\$ Var.	% Var.	YTD Actual	YTD Budget	\$ Var.	% Var.	Annual
INCOME									
Dues	3,780.00	2,400.00	1,380.00	57.50	30,287.00	28,800.00	1,487.00	5.16	28,800.00
Interest Income	40.59	0.00	40.59	0	260.19	0.00	260.19	0	0.00
Late Fees	0.00	0.00	0.00	0	40.00	0.00	40.00	0	0.00
TOTAL INCOME	3,820.59	2,400.00	1,420.59	59.19	30,587.19	28,800.00	1,787.19	6.21	28,800.00
OPERATING EXPENSES									
ADMINISTRATIVE									
Management Fee	400.00	400.00	0.00	0.00	4,800.00	4,800.00	0.00	0.00	4,800.00
Property Taxes	0.00	0.00	0.00	0	0.00	20.00	20.00	100.00	20.00
Insurance	0.00	0.00	0.00	0	1,235.00	1,400.00	165.00	11.79	1,400.00
Tax Expense	0.00	0.00	0.00	0	114.00	200.00	86.00	43.00	200.00
Office Supplies/Postage	118.00	20.00	-98.00	-490.0	292.78	240.00	-52.78	-21.99	240.00
Legal & Accounting	0.00	25.00	25.00	100.00	260.00	600.00	340.00	56.67	600.00
TOTAL ADMINISTRATIVE	518.00	445.00	-73.00	-16.40	6,701.78	7,260.00	558.22	7.69	7,260.00
UTILITIES									
Water & Sewer	0.00	25.00	25.00	100.00	300.00	300.00	0.00	0.00	300.00
TOTAL UTILITIES	0.00	25.00	25.00	100.00	300.00	300.00	0.00	0.00	300.00
MAINTENANCE & REPAIR									
Common Area Maintenance	0.00	60.00	60.00	100.00	194.54	720.00	525.46	72.98	720.00
Association Dues	800.00	800.00	0.00	0.00	9,600.00	9,600.00	0.00	0.00	9,600.00
Landscaping	300.00	320.00	20.00	6.25	6,555.00	3,840.00	-2,715.00	-70.70	3,840.00
Landscape Other	0.00	25.00	25.00	100.00	38.58	300.00	261.42	87.14	300.00
TOTAL MAINT. & REPAIRS	1,100.00	1,205.00	105.00	8.71	16,388.12	14,460.00	-1,928.12	-13.33	14,460.00
TOTAL OPERATING EXPENSES	1,618.00	1,675.00	57.00	3.40	23,389.90	22,020.00	-1,369.90	-6.22	22,020.00
NET OPERATING INCOME	2,202.59	725.00	1,477.59	203.81	7,197.29	6,780.00	417.29	6.15	6,780.00
NET INCOME	2,202.59	725.00	1,477.59	203.81	7,197.29	6,780.00	417.29	6.15	6,780.00
CASH FLOW	2,202.59	725.00	1,477.59	203.81	7,197.29	6,780.00	417.29	6.15	6,780.00
Beginning Cash	9,771.15								
Ending Balance	11,933.15								

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, 10-3202.02, 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 either by election or appointment as an officer, director, trustee, incorporator and/or 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 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 date 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 Jo Anne Ciolli Date 4/22/03 Name _____ Date _____
Signature Jo Anne Ciolli Signature _____
Title President Title _____
(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)