



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

AZ Corp. Commission



00954576

DUE ON OR BEFORE 04/07/2004

FY03-04

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. **-0213953-3**

**WELLINGTON ESTATES HOMEOWNER'S ASSOCIATION, INC.
5750 W LINDA LN
CHANDLER, AZ 85226**

RECEIVED

JUN 14 2004

RECEIVED

APR 6 - 2004

**ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION**

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CORPORATIONS DIVISION**

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. **Statutory Agent: ~~HAREN PIERCE~~ LINDA HJERPE** Physical Address, if Different.
Mailing Address: ~~5494 W LINDA LN~~ 5651 Physical Address:
City, State, Zip: CHANDLER, AZ 85226 City, State, Zip:

NO\$ 6/16/04

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]
Signature of new Statutory Agent

LINDA HJERPE

Printed Name 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** 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. You Must List at Least One.

Name: KERRY WILKINSON

Title: PRESIDENT

Address: 5750 W. LINDA LANE
CHANDLER, AZ 85226

Date taking office: 03/03/04

Name: LINDA HJERPE

Title: TREASURER

Address: 5651 W. LINDA LANE
CHANDLER, AZ 85226

Date taking office: 03/03/04

Name: LINDA BATES

Title: VICE PRESIDENT

Address: 5631 W. LINDA LANE
CHANDLER, AZ 85226

Date taking office: 03/03/04

Name: JANA POUNDER

Title: SECRETARY

Address: 5601 W. LINDA LANE
CHANDLER, AZ 85226

Date taking office: 03/03/04

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

Name: Kerry Wilkinson

Address: 5750 W. LINDA LANE
CHANDLER, AZ 85226

Date taking office: 3/3/04

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

Name: _____

Address: _____

Date taking office: _____

3/7/2004

Account	3/7/2004 Balance
ASSETS	
Cash and Bank Accounts	
WEHOA Checking	7,258.73
WEHOA Savings	25,803.65
TOTAL Cash and Bank Accounts	33,062.38
TOTAL ASSETS	33,062.38
LIABILITIES	0.00
OVERALL TOTAL	33,062.38

Income/Expense
1/1/2003 Through 12/31/2003

-02139533

2/24/2004

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Category Description	1/1/2003- 12/31/2003	OVERALL TOTAL
INCOME		
Interest Inc	82.84	82.84
WEHOA Dues	18,500.00	18,500.00
TOTAL INCOME	18,582.84	18,582.84
EXPENSES		
Uncategorized	0.00	0.00
Annual Report Fee	10.00	10.00
Bank Charge	22.75	22.75
Electrical Repairs	439.08	439.08
Gate Openers	-286.00	-286.00
Gate Repairs	1,123.85	1,123.85
HOA Dues	5,040.00	5,040.00
Insurance	450.00	450.00
Landscape Maint	4,000.00	4,000.00
Maintenance	30.00	30.00
Postage	37.00	37.00
Tax	126.64	126.64
Tax Preparation	125.00	125.00
Utilities	2,826.28	2,826.28
TOTAL EXPENSES	13,944.60	13,944.60
OVERALL TOTAL	4,638.24	4,638.24

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.

-02139533

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 LINDA HJERPE Date _____

Name KERRY WILKINSON Date 3-10-04

Signature [Signature]

Signature [Signature]

Title TREASURER

Title PRESIDENT

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