| for the report should reflect the cu | rrent status of the corporation | n. See instructions on page 4 for proper | format. |
|--|---|--|---|
| PO BOX 325 | IOUSE VI HOMEOWNER | S, INC | RECEIVED Mar 3 ⁰ 2005 |
| GREEN VALLEY, AZ 8 | 12022 | | ARIZONA COHP. COMMISSION COMPORATIONS DIVISION |
| Business Phone: State of Domicile: AR | (Business pl | | • • • • |
| 2. Statutory Agent: ROBERT Mailing Address: 861 S. City, State, Zip: GREEN | BAILEY CMO DEL MONTE | poration: NON-PROFIT Physical Address, If Diffe Physical Address: City, State, Zip: | rent. |
| ACC USE ONLY 3430/0 Fee <u>\$</u> Penalty <u>\$</u> Reinstate <u>\$</u> | If appointing a <u>new</u> statute appointment by signing be I. (individual) or We, (corporation or | y if appointing a new Statu Ory agent, the new agent MUST consen elow. r limited liability company) having been designated to tent until my removal or resignation pursuant to law. | t to that he new Statutory Agent. |
| Expedite \$ Resubmit \$ 9 (a) 449 | | ew Statutory Agent of <i>new</i> Statutory Agent | |
| 3. Secondary Address: (Foreign Corporations are <u>REQUIRED</u> to complete this section). | | | |
| BUSINESS CORPORA 1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 6. Construction 9. Contractor 10. Credit/Collection 13. Entertainment 14. General Consulting 15. Health Care 16. Hotel/Motel 17. Import/Export | | CHARACTER OF BUSINESS of your co NON-PROFIT CORPORAT 1Charitable 2Benevolent 3Educational 4Clvic 5Political 6Religious 7Social 8Literary 9Cultural 10Athletic 11Science/Research 12Hospital/Health Care 13Agricultural 14Animal Husbandry 15Homeowner's Associativ 16Professional, commercl industrial or trade associativ | I <u>ONS</u> |

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



FILING FEE \$10.00

FY04-05

DUE ON OR BEFORE 04/20/2005

YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information



Statutes, Title 10.

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A.

| -050 | 00548-6 GREE | N VALLEY TOWNHOUSE | VI HOMEO | wners, inc | Page 2 |
|----------------------|-----------------------|---|-----------------|--|-------------------|
| 5. <u>CA</u> | PITALIZATION: | (Business Corporations and | Business Trus | its are <u>REQUIRED</u> to complete this section.) | |
| | | dicate the number of transfo ase Print or Type (| | cates held by trustees evidencing their benefic | ial interest in |
| 5a. | Please examine | the corporation's original A | Articles of Inc | orporation for the amount of shares authoriz | ed. |
| Numbe | er of Shares/Certi | ficates Authorized | Class | Series Within Class (if any) | |
| 5 b. | | oration amendments to de nutes for the number of sh | | ne original number of shares has changed. | Examine the |
| Numbe | er of Shares/Certi | ficates I ssued | Class | Series Within Class (if any) | |
| 6. <u>SH</u> 4 | | (Business Corporations and | l Business Tri | usts are REQUIRED to complete this section.) | |
| | | g more than 20% of any c corporation. Please Ty | | es issued by the corporation, or having more Lnt Clearly. | than a 20% |
| | _ | | | Name: | · |
| NONE | | | | Name: | |
| 7 055 | | | | ou Must_List at Least One. | |
| Name: | | · · · · · · · · · · · · · · · · · · · | | Name: <u>PESSIE</u> DRUM | M |
| Title: | YRES. D | ENT U | | Title: <u><i>TREASURER</i></u> | |
| Addres | ss: <u>861 5 CA</u> | MINO dEL MON | 1E | Address: 949 & Los OffA. | <u> 20 S</u> |
| | 1.7 | VOLLEY, AZ 85 | 5414 | | 4 <u>2 8</u> 5614 |
| Date ta | aking office: | | | Date taking office: $(-18-0.5)$ | • |
| Name: | <u>Kober</u> | + HUFF | | Name: CAROLINE McMAho. | N |
| Title: | VicE | PRESIDENT | | Title: SECRETARY | |
| Addres | ~ 915 J | Comino del Mi | NTE | Address: 7/3 & Camino de | of Month |
| Addree | Then | Valler AZ 83 | 5614 | Have 1 Ar 1 Az | 85414 |
| | / | | <u> </u> | Dista taking 1- 19-05 | <u> </u> |
| Da te t e | eking office: | - 18 - 0 5 ··· | 4 | Date taking office: | — — <u>†</u> |
| | <u> </u> | se Type or Print Cl | learly. Y | ou Must List at Least One. | i |
| Name: | | <u>TTE FORFE</u> | 1 1- | Name: <u>Kobert Kinsey</u> | |
| Addres | ss: <u>905 X</u> | Comino dél M | ANTE | Address: 015 x Los LA | EIKO S |
| | AREEN | VOLLEY MY 8 | <u>5414</u> | - AREEN VALLEY, | <u>Az 85479</u> |
| Date ta | aking office: | 1-18-65 | - | Date taking office: | |
| Name: | LENI | MAGNOR | | Name: REED MUIR | |
| | ss: lale3 x | A LUG TODATIOS | | Address: 255 & Camino | LEL MONTE |
| 7 YUUI Çî | NREEN | I VALLEV AT. | 85414 | JOEEN VOLLEY AZ | 2 8 56 14 |
| Data tr | aking office: | - 18-05 | / | Date taking office: $/ - 18 - 0^{1}$ | |
| Uale la | uning Unice. <u>i</u> | | | | |

File # 0500548-6

TOWNHOUSE VI HOMEOWNERS ASSN. INC. ANNUAL TREASURERS REPORT January 1, 2004 thru December 31, 2004

| Assets on hand 1-01-04 | ····· | |
|--|---------------------------------------|--|
| Cash/ checking | 20,820.96 | · |
| Business Savings (strects) | 61,407.18 | |
| General Fund CD (due 9-19-04) | 6,728.99 | ······ |
| Street CD (due 4-6-04) | 9,664.60 | |
| Total | | 98,621.73 |
| · · · · · · · · · · · · · · · · · · · | | |
| Income 1-01-2004 thru 12-31-2004 | ····· | |
| Annual Dues | 10,080.00 | |
| Interest Income | - 761.11 | |
| Transfer fees | 275.00 | |
| Late fees | 60.00 | · · • • • • |
| Donations | 420.00 | - IN W-1 |
| Liens repaid | 780.00 | |
| Total | | +12,376.11 |
| | | |
| Expense 1-01-2004 thru 12-31-2004 | · · · · · · · · · · · · · · · · · · · | |
| Landscape | 4,598.50 | · · · · · |
| Streets | 722.58 | ······································ |
| Utilities (TEP) | 198.34 | ······································ |
| Office cxpense | 388.80 | |
| Party expense | 28.55 | - |
| Misc. | 105.15 | ····· |
| GVCCC | 495.00 | · |
| AZ Corporation | 10.00 | |
| R. E. Taxes | 31.89 | |
| Liability Insurance | 1,405.00 | |
| Total | -, | -7,983.81 |
| | ··· | |
| ······································ | · | 103,014.03 |
| | | 105,011.05 |
| Assets on Hand 12-31-2004 | | |
| Cash/checking | 21,430.77 | |
| Business savings(streets) | 61,745.78 | |
| C D | 9,837.48 | |
| Edward Jones (CD) general fund | 10,000.00 | |
| Total | 10,000,00 | 103,014.03 |
| | | 100,017.05 |
| | | |
| | | <u> </u> |

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, batance sheet including assets, liabilities). All other forms of corporations are exempt from filling a financial disclosure.

Please Enter Corporation Name: Anon VALLEY TWN HOUSE VI File number 25005486 Page S

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** A DOES NOT D 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]

- Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven 1. 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 faise pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate? З.
- 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 🗆 NOE

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.

5.

6.

7.

- 1. Full name and prior names used.
- 2. Full birth name.
- 3. Present home address. 4.
- Prior addresses (for immediate preceding 7 year period).

Date and location of birth. Social Security Number

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: 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.

- The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major 1. stockholder)
- 2. The state in which each corporation was a) incorporated b) transacted business.
- The dates of corporate operation. З.
- If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and 4. 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

| | the second s | | | | | |
|--|--|--|--|--|--|--|
| Name CAROLINE MIMANON Date 3/29/125 Name | Date | | | | | |
| Signature (allin mann Signature | | | | | | |
| Title Title | | | | | | |

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