



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

AZ Corp. Commission



01276674

DUE ON OR BEFORE 04/28/2005

FY04-05

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 on page 4 for proper format.

RECEIVED

JUL 22 2005

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. Statutory Agent: L RICHARD MABERY Physical Address, If Different.  
Mailing Address: 234 N MONTEZUMA ST Physical Address:  
City, State, zip: PRESCOTT, AZ 86301 City, State, zip:

ACC USE ONLY

Fee \$ 10.07  
Penalty \$ \_\_\_\_\_  
Reinstate \$ \_\_\_\_\_  
Expedite \$ \_\_\_\_\_  
Resubmit \$ \_\_\_\_\_

IPR

Use this box only if appointing a new Statutory Agent

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

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

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

NON-PROFIT CORPORATIONS

- |                                                                            |
|----------------------------------------------------------------------------|
| 1. Charitable                                                              |
| 2. Benevolent                                                              |
| 3. Educational                                                             |
| 4. Civic                                                                   |
| 5. Political                                                               |
| 6. Religious                                                               |
| 7. Social                                                                  |
| 8. Literary                                                                |
| 9. Cultural                                                                |
| 10. Athletic                                                               |
| 11. Science/Research                                                       |
| 12. Hospital/Health Care                                                   |
| 13. Agricultural                                                           |
| 14. Animal Husbandry                                                       |
| 15. Homeowner's Association                                                |
| 16. Professional, commercial<br>industrial or trade association            |
| 17. <input checked="" type="checkbox"/> Other <u>Property Owners Assn.</u> |

**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 Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates <b>Authorized</b>	Class	Series Within Class (if any)
-------------------------------------------------	-------	------------------------------

5b. 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**.

Number of Shares/Certificates <b>Issued</b>	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: Vera Flavell

Name: Ronald Agaglia

Title: Treasurer

Title: President

Address: 4070 Pueblo Rd  
Cottonwood, AZ, 86326

Address: 2232 Broken Rock Circle  
Cottonwood AZ 86326

Date taking office: 1/1/05

Date taking office: 1/1/05

Name: Rick Morgan

Name: Neil McLeod

Title: Vice-President

Title: Secretary

Address: 1967 S Del Mar Dr  
Cottonwood AZ 86326

Address: 2448 Warriors Run  
Cottonwood AZ 86326

Date taking office: 1/1/05

Date taking office: 1/1/05

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

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

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

Address: See Attached List

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

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

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

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

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

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

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

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

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

**Verde Village Property Owners Association  
State of Arizona Corporation Commission  
Annual Report Attachment  
List of Directors**

**-0088130-4**

Name & Address	Title	Date Taking Office
Esther Millman	Director	01/01/05
Bob Webster	Director	01/01/05
Neil McLeod	Director	01/01/05
Jewell Morrow	Director	01/01/05
Gene Carrigan	Director	01/01/05
Ron Agoglia	Director	01/01/05
Rick Morgan	Director	01/01/05
Bobbie Morgan	Director	01/01/05
Jerry Sorensen	Director	01/01/05

All directors can be reached at:  
4855 Broken Saddle Drive  
Cottonwood, AZ 86326

## Schedule A - Balance Sheet

- 0088130-4

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 .....		71,595	00	A1		54,168	00
A2a	Accounts receivable.....	A2a		00				
	b Less: allowance for doubtful accounts.....	A2b		00				
	c Line A2a less line A2b. Enter difference in column (b).....			00	A2c		0	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		0	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	98,421	00				
	b Less: accumulated depreciation - attach schedule .....	A7b	9,741	00				
	c Line A7a less line A7b. Enter difference in column (b).....			00	A7c		88,680	00
A8	Other assets - describe FURNITURE & FIXTURES			00	A8		9,264	00
A9	Total assets - add lines A1 through A8 .....		173,426	00	A9		152,112	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 RENTAL DEPOSITS		1,442	00	A12		1,442	00
A13	Total liabilities - add lines A10 through A12 .....		1,442	00	A13		1,442	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.....		171,984	00	A16		150,670	00
A17	Total net assets - add lines A14 through A16.....		171,984	00	A17		150,670	00
A18	Total liabilities and net assets - add lines A13 and A17 .....		173,426	00	A18		152,112	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

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

86-1048416

Preparer's TIN

1290 S HWY 260, COTTONWOOD, AZ

Firm's address

86326

Zip code

**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.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 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.

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 Vera Flavell <sup>Vera Flavell</sup> Date 2-25-05 Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature Vera Flavell Signature \_\_\_\_\_  
Title Treasurer Title \_\_\_\_\_

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