



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

AZ Corp. Commission



01296774

DUE ON OR BEFORE 04/06/2005

FY04-05

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

MAR 15 2005

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1.

-0095664-0

OAK CREEK VALLEY PROPERTY OWNERS ASSOCIATION

~~3 RENEE LONGFELLOW~~

~~5-A-B LAMPLITER VILLAGE~~

~~112-A LAMPLITER VILLAGE~~

~~CLARKDALE, AZ 86324~~

890 N. Oak Creek Valley Rd
Cornville, AZ 86325

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

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2.

Statutory Agent: ~~RENEE LONGFELLOW~~

Robert E. Piper

Physical Address, if Different:

Mailing Address: ~~112-A LAMPLITER VILLAGE~~

Physical Address:

City, State, Zip: CLARKDALE, AZ 86324

City, State, Zip:

NO # 05/18/05

890 N. Oak Creek Valley Rd
CORNVILLE, AZ 86325

NO # 08/10/05

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstatement \$ _____

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.

Robert E. Piper

Signature of new Statutory Agent

ROBERT E. PIPER

Printed Name of new Statutory Agent

3.

Secondary Address:

1058550

(Foreign Corporations are
REQUIRED to complete
this section).

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AUG 05 2005

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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 Print or Type Clearly.**

-00956640

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

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

NONE - PROPERTY OWNERS ASSOCIATION

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 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: ROBERT SHEBLE Name: ROBERT GOODING

Title: PRESIDENT Title: TREASURER

Address: 890 NO. OAK CREEK VALLEY ROAD Address: 890 NO. OAK CREEK VALLEY ROAD
CORNVILLE, AZ 86325 cornville, az 86325

Date taking office: 1/1/05 Date taking office: 1/1/05

Name: ED PIPER Name: _____

Title: SECRETARY Title: _____

Address: 890 NO. OAK CREEK VALLEY ROAD Address: _____
CORNVILLE, AZ 86325

Date taking office: 1/1/05 Date taking office: _____

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

Name: ROBERT SHEBLE Name: ROBERT GOODING

Address: SAME Address: SAME

Date taking office: 1/1/05 Date taking office: 1/1/05

Name: ED PIPER Name: _____

Address: SAME Address: _____

Date taking office: 1/1/05 Date taking office: _____

Oak Creek Valley Property Owners' Association Statement of Financial Position

December 31, 2004

Accrual Basis

	Dec 31, 04
ASSETS	
Current Assets	
Checking/Savings	
Main Checking	2,991.06
Petty Cash Account	200.00
Stockman's Bank Money Mkt Acct	10,067.93
Wells Fargo Money Market Acct	12,132.65
Total Checking/Savings	25,391.64
Accounts Receivable	
Accounts Receivable	1,016.43
Total Accounts Receivable	1,016.43
Other Current Assets	
Inventory	10,000.00
Total Other Current Assets	10,000.00
Total Current Assets	36,408.07
Fixed Assets	
Fixed Assets	
Buildings and Improvements	
Buildings & Improvements - Cost	124,566.68
Acc. Dep. - Buildings/Imps	(115,157.00)
Total Buildings and Improvements	9,409.68
Machinery and Equipment	
Office Equipment	
Office Equipment - Cost	8,756.00
Acc. Dep. - Office Equipment	(5,997.00)
Total Office Equipment	2,759.00
Total Machinery and Equipment	2,759.00
Machinery and Equipment - Field	
Machinery & Equipment - Cost	195,062.94
Acc. Dep. - Machinery/Equip	(132,041.63)
Total Machinery and Equipment - Field	63,021.31
Office Furniture/Fixtures	
Office Furn & Fix - Cost	17,974.19
Acc. Dep. - Furniture/Fixtures	(15,561.00)
Total Office Furniture/Fixtures	2,413.19
Recreation Facilities/Equipment	
Tennis Courts/Pool/Playground	65,851.00
Acc. Dep. - Recreation Fac	(53,226.00)
Total Recreation Facilities/Equipment	12,625.00
Transportation Equipment	
Trucks/Autos/Grounds	22,674.67
Acc. Dep. - Trans Equipment	(17,012.67)
Total Transportation Equipment	5,662.00
Water/Sewer Plant	
Water/Sewer Plant - Cost	443,462.82
Well No. 2 - Cap Costs	61,936.18
Acc. Dep. - Water/Sewer Plant	(202,200.00)
Total Water/Sewer Plant	303,199.00
Total Fixed Assets	399,089.18
Land	306,534.00
Total Fixed Assets	705,623.18
Other Assets	
Loan Fees - Capitalized	
Loan Fees - Stockman's Bank	5,000.00

Oak Creek Valley Property Owners' Association Statement of Financial Position

December 31, 2004

Accrual Basis

	Dec 31, 04
zA/A - Loan Fees	(83.00)
Total Loan Fees - Capitalized	4,917.00
Total Other Assets	4,917.00
TOTAL ASSETS	746,948.25
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Const Deposits-Ext Fees Held	2,000.00
Payroll Liabilities	
AZ Income Tax Withheld	341.56
AZ Job Training	0.37
AZ SUI	57.48
Federal Income Tax Withheld	475.40
FUTA - Company	2.99
Medicare Company	65.65
Medicare FICA W/H 1.45%	65.65
Social Security - Company	280.72
Social Security FICA W/H - 6.2%	280.72
Total Payroll Liabilities	1,570.54
Sales Tax Payable	420.31
Total Other Current Liabilities	3,990.85
Total Current Liabilities	3,990.85
Total Liabilities	3,990.85
Equity	
Association Equity	201,794.33
Fund Balance	560,255.70
Net Income	(19,092.63)
Total Equity	742,957.40
TOTAL LIABILITIES & EQUITY	746,948.25

Oak Creek Valley Property Owners' Association
Statement of Revenues and Expenses
For the Year Ending December 31, 2004

Accrual Basis

	Jan - Dec 04
Income	
Association Income	
Architectural Fees	100.00
Dues	153,930.00
Hook Ups & Meters	3,500.00
Interest Income	962.10
Late Charges	2,010.00
Lot Mowing & Clearing	1,725.00
Miscellaneous	4,151.29
RV Storage	1,209.80
Sewer	34,480.00
Transfer Fees	3,600.00
Trash	16,420.49
Water	63,026.92
Total Association Income	285,115.60
Income-Const/ Extension Fees	500.00
Income-Fines	500.00
Income - ADOR Acctg. Credit	8.37
Total Income	286,123.97
Expense	
Direct Association Expenses	
Contractors	15,647.58
Equipment Expense	
Repairs-Equipment	518.40
Equipment Expense - Other	29,289.30
Total Equipment Expense	29,807.70
Licenses and Permits	1,395.51
Maintenance - Master	
Maintenance - Grounds	162.32
Total Maintenance - Master	162.32
Repairs - Master	
Repairs - Grounds	8,556.08
Repairs - Streets	1,467.46
Total Repairs - Master	10,023.54
Sewer Expense	25,886.54
Utilities	
Telephone	4,827.11
Trash	
Trash-Residential #58615	19,929.89
Total Trash	19,929.89
Utilities - Other	3,777.44
Total Utilities	28,534.44
Water Expense	25,817.52
Total Direct Association Expenses	137,275.15
General and Administrative	
Amortization - Loan Fees	83.00
Bank Charges	389.39
Committee Expense	
Greenbelt Committee	1,316.13
Social Committee	500.00
Total Committee Expense	1,816.13
Depreciation	48,412.00
Employee Benefits	
Insurance - Employee	4,994.00
Total Employee Benefits	4,994.00
Insurance	
Insurance - General Liability	6,583.00
Workmen's Compensation	

Oak Creek Valley Property Owners' Association
Statement of Revenues and Expenses
For the Year Ending December 31, 2004

Accrual Basis

	Jan - Dec 04
State Compensation Fund	2,176.00
Total Workmen's Compensation	<u>2,176.00</u>
Total Insurance	8,759.00
Lease Expense - Equipment	1,355.32
Miscellaneous Expense	4,883.25
Office Supplies	3,011.05
Postage	3,097.05
Professional Fees	
Accounting	14,105.04
Legal	<u>6,579.46</u>
Total Professional Fees	20,684.50
Salaries/Wages - Staff	64,608.12
Taxes	
Payroll	
AZ Unemployment tax - DES	121.18
Federal Unemployment/FUTA	114.98
FICA/Medicare	<u>5,324.56</u>
Total Payroll	5,560.72
Property Taxes	<u>247.92</u>
Total Taxes	5,808.64
Void	<u>0.00</u>
Total General and Administrative	167,901.45
Operation Loss & Recovery	40.00
Total Expense	<u>305,216.60</u>
Net Income	<u>(19,092.63)</u>

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.

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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 ROBERT SHEBLE Date 11/11/2005 Name _____ Date _____

Signature  Signature _____

Title PRESIDENT Title _____

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