

2.

3.

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

DUE ON OR BEFORE 10/11/2005

FY05-06

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.

1. -0167095-0
MERIT ESTATES HOMEOWNERS ASSOCIATION, INC.
% ASSOCIATED PROPERTY MGMT
P O BOX 188
SCOTTSDALE, AZ 85252-0188

RECEIVED AUG 3 0 2005

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone: 480 -941-1017 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

Statutory Agent: ASSOCIATED PROPERTY MGMT Mailing Address: 3260 E INDIAN SCHOOL RD

Physical Address, If Different.

City, State, Zip: PHOENIX, AZ 85018

Physical Address: City, State, Zip:

ACC USE ONLY	Use this box only if appointing a new Statutory Agent
Fee \$//	If appointing a <u>new</u> statutory agent, the new agent MUST consent to that appointment by signing below.
Penalty \$	I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent,
Reinstate \$	do hereby consent to this appointment until my removal or resignation pursuant to law.
Expedite \$	Signature of new Statutory Agent
Resubmit \$,
1076846	Printed Name of <i>new</i> Statutory Agent

(Foreign Corporations are <u>REQUIRED</u> to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS COP	<u>IPORATIONS</u>	NON-PROFIT CORPORATIONS
1. Accounting	20. Manufacturing	1 Charitable
2. Advertising	21. Mining	2 Benevolent
3. Aerospace	22. News Media	3 Educational
4. Agriculture	23. Pharmaceutical	4 Civic
5. Architecture	24. Publishing/Printing	5 Political
6. Banking/Finance	25. Ranching/Livestock	6 Religious
7Barbers/Cosmetology	26. Real Estate	7 Social
8. Construction	27. Restaurant/Bar	8 Literary
9. Contractor	28. Retail Sales	9 Cultural
10. Credit/Collection	29. Science/Research	10 Athletic
11. Education	30. Sports/Sporting Events	 Science/Research
12. Engineering	31. Technology(Computers)	12 Hospital/Health Care
13. Entertainment	32. Technology(General)	13 Agricultural
14. General Consulting	33. Television/Radio	14 Animal Husbandry
15. Health Care	34. Tourism/Convention Services	 15. Thomeowner's Association
16. Hotel/Motel	35. Transportation	16. Professional, commercial
17. lmport/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19. Legal Services	38. Other	

5. <u>CAP</u>	<u>PITALIZATION:</u>	(Business Corporations and	l Business Trusts are	REQUIRED to complete this section.)
		dicate the number of trans		eld by trustees evidencing their beneficial interest in
5a.	Please examine	the corporation's original	Articles of Incorpora	tion for the amount of shares authorized.
Number of Shares/Certificates Authorized C		Class	Series Within Class (if any)	
5b.		poration amendments to continutes for the number of sl		inal number of shares has changed. Examine the
Numbe	r of Shares/Certi	ficates Issued	Class	Series Within Class (if any)
		· · · · · · · · · · · · · · · · · · ·		e REQUIRED to complete this section.) led by the corporation, or having more than a 20%
	ial interest in the	corporation. Please T	ype or Print (
NONE				ne:
7. <u>OFF</u>	ICERS Plea	se Type or Print C	learly. You Mu	ast List at Least One.
Name:	Marc 1	Komevo	Nam	e: Shiela Burgess
Title:	resid	ent	Title:	Secretary
Address	s: 19238	N. 5th St.	Addre	ess: 19242 N, 5t.
	Phoen	X AZ 8502L		Phoenix Az 85024
Date ta	king office: 3	-3-05	Date	taking office: <u>3-3-05</u>
Name:		2 _	Name	
Title:	Treasu	rev	Title:	
		Tavo by		ess:
Address	1	nix Az 850		
Date tal		3-3-05		taking office:
8. <u>DIRE</u>	CTORS Plea	se Type or Print C	learly. You M	ust List at Least One.
		y Major		: Sharon Perino
Address	s: 441 E	Kristal Way	Addre	ess: 517 & Wescott Dr.
	Phoen	x A2 8502	4	Phoenix Az 85050
Date tal	king office:3	5-3-05	Date	taking office: 7-10-05
		Waters	Name	•
	,	Kvistal Way		988:
AGGI 630	· •	× Az 8500		
Date tai	king office:		•	taking office:

MANAGERS COPY

MERIT ESTATES HOA BALANCE SHEET

FISCAL YEAR END DECEMBER 31, 2005 AS OF 07/31/2005

ASSETS

1ST NATIONAL BANK OF ARIZONA CD - 1ST NATIONAL 2005/10 AMERICAN EXPESS \$ 54,185.70 10,330.82 ____21,138.87

TOTAL ASSETS

\$ 85,655.39

LIABILITIES & EQUITY

LIABILITIES

TOTAL LIABILITIES

\$ 0.00

EQUITY

RETAINED EARNINGS
YTD SURPLUS (DEFICIT)

\$ 74,363.99 11,291.40

TOTAL LIABILITIES & EQUITY

\$ 85,655.39

MERIT ESTATES HOA

BUDGET COMPARISON

:			CURRENT	CURRENT	CURRENT		Y-T-D	Y-T-D	Y-T-D
INCOME			ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
3102	2 DUES	\$	7,063.30 \$	16,638.00 \$(9,574.70)	\$	36,789.85 \$	48,852.00 \$(12 062 151
3132		•	25.00	0.00	25.00	٧	50.00		- •
3160			210.60	250.00 {				0.00	50.00
3165			795.00	416.66	378.34		1,675.99	1,750.00 (74.01)
3170			0.00	5.16 (5,172,46	2,916.62	2,255.84
3175			594.80	291.66			35.00	36.12 (1.12)
3205			13.49	18.41 (303.14 4.92)		4,939.54	2,041.62	2,897.92
3206			120.17	0.00			84.12	128.87 (44.75)
3207			74.65	0.00	120.17 74.65		283.94 183.39	0.00 0.00	283.94 183.39
							103.33	0.00	103.39
	TOTAL INCOME		8,897.01	17,619.89 (8,722.88)		49,214.29	55,725.23 (6,510.94)
			========		=======			=======================================	
EXPENSES									
COMMON EXP	PENSES								
4124	NEWSLETTER PRINTING	ş	0.00 \$	8.33 \$	8.33	\$.	0.00 \$	58.31 \$	58,31
4131	HOMEOWNER'S INSURANCE		2,030.50	333.33 (1,697.17)	•	2,030.50	2,333.31	302.81
4135	LEGAL		1,760.00	1,000.00 (13,878.84	7,000.00 (6,878.84)
4136	LICENSE/PERMIT		0.00	3.50	3.50		0.00	24.50	
4141	ACCOUNTING FEES		0.00	66.66	66.66		0.00	466.62	24.50 466.62
4142	MANAGEMENT FEES		1,033.00	1,032.50 (0.50)		7,231.00		
4144	RENTAL		0.00	16.66	16.66		135.00	7,227.50 (116.62 (3.50)
¥156	COPIES		139.00	291.66	152.66		986.69		18.38)
4157	POSTAGE		209.12	125.00 (84.12)		1,062.62	2,041.62	1,054.93
4158	PRINTING		0.00	37.50	37.50		1,082.62	875.00 (187.62)
4159	SUPPLIES/COUPONS/OTHER		8.00	122.91	114.91		1,528.00	262.50 860.37 (157.10
4161	INCOME TAX		0.00	5.00	5.00		250.00	35.00 (667.63) 215.00)
	TOTAL COMMON EXPENSES		5,179.62	<u>3</u> ,043.05 (2,136.57)		27 220 25	01 201 BF /	
		-			2,130,31	-	27,208.05	21,301.35 (_	5,906.70)
UTILITIES									
4173	ELECTRICITY	\$	945.25 \$	877.41 \$(67.84)	\$	5,967.98 \$	6,141.87 \$	173.89
	TOTAL UTILITIES	-	945.25	877.41 (67.84)	-	5,967.98	6,141.87	173.89
ADMINISTRA'	TIVE EXPENSES								
4201	BANK CHARGE	\$	0.00 \$	1.66 \$	1.66	\$	10.00 \$	11.62 \$	1.62
4202	ADMINISTRATIVE SUPPORT		0.00	0.00	0.00	•	12.65	0.00 (12.65)
4220	nsf charges		0.00	5.00	5.00		25.00	35.00	10.00
4250	PETTY CASH		0.00	0.00	0.00		200.00	0.00 (200.00)
	TOTAL ADMINISTRATIVE EXPENSES		0.00	6.66	6.66		247.65	46.62 (201.03)
BUILDING EX	- VDENICEC					_		······································	,
5021	CLEANING/REPAIRS	\$	95 00 4		## #=·	_			
5022	- PAINTING	Þ	75.00 \$	4.50 \$(70.50)	\$	175.00 \$	31.50 \$(143.50)
J022			0.00	166.66	166.66		416.00	1,166.62	750.62
	TOTAL BUILDING EXPENSES	_	75.00	171.16	96.16	_	591.00	1,198.12	607.12
GROUNDS EXI	PENSE								
i i			•						
	TOTAL ODOLANDO DUBRAS-								
	TOTAL GROUNDS EXPENSE	-	0.00	0.00	0.00	_	0.00	0.00	0.00

MERIT ESTATES HOA

BUDGET COMPARISON

		CURRENT	CURRENT BUDGET	CURRENT VARIANCE		Y-T-D ACTUAL	Y-T-D BUDGET	Y-T-D VARIANCE
LANDSCAPING								
6012	LAWN CONTRACT \$	380.00 \$	380.00 \$	0.00	\$	2,660.00 \$	2,660.00 \$	0.00
6013	TREE	0.00	55.91	55.91		0.00	391.37	391.37
6015	LANDSCAPE SUPPLIES	0.00	0.00	0.00		22.20	0.00 (22.20)
6017	WEED CONTROL	0.00	29.16	29.16		0.00	204.12	204.12
6070	SPRINKLER/IRRIGATION	0.00	273.16	273.16		0.00	1,912.12	1,912.12
	TOTAL LANDSCAPING EXPENSES	380.00	738.23	358.23		2,682.20	5,167.61	2,485.41
STREETS								
6081	SWEEPING/MAINTENANCE \$	0.00 \$	125.00 \$	125.00	\$	750.00 \$	875.00 \$	125.00
6083	SIGNS	0.00	116.66	116.66		476.01	816.62	340.61
	TOTAL STREET EXPENSES	0.00	241.66	241.66		1,226.01	1,691.62	465.61
LONG RANGE RE	SERVE ITEMS							
	TOTAL LONG RANGE RESERVE ITEMS	0.00	0.00	0.00		0.00	0.00	0.00
	TOTAL EXPENSES	6,579.87	5,078.17 (1,501.70)	3	7,922.89	35,547.19 (2,375.70)
	NET SURPLUS (DEFICIT)	2,317.14	12,541.72 (1,291.40	20,178.04 (8,886.64)
		=======================================	*********		7=0		-#=====================================	=========

Please Enter Corporation Name: Merit Estates Homeownes Association File number 0167095-0 Page 3
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9) Nonprofit corporations <u>must attach</u> 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 7 DOES NOT 1 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 year period immediately preceding the execution of this certificate? 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? 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?
One box <u>must</u> be marked: YES NO 🕰
If "YES", the following information <u>must be submitted</u> as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.
 Full name and prior names used. Full birth name. Present home address. 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. <u>STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION</u> (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 D NO A
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 <u>must</u> 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 stockholder) The state in which each corporation was a) incorporated b) transacted business. The dates of corporate operation. 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. Date, Case number and Court where the bankruptcy was filed or receiver appointed. 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 May Romero Date 7-10-05 Name Patty Rocers Date 7-10-05
Signature Stare Konsul Signature Etty Kogars
Title Title VCGOVEV (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)