

3.

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

DUE ON OR BEFORE 04/19/2006

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. -0504720-5 TIERRA COLINA HOMEOWNERS ASSOCIATION, INC. 7190 N SUNSET CANYON DR

RECEIVED

TUCSON, AZ 85718					APR 1 3	2006
Dusings Phane					ZONA CORP. C ORPORATION	
Business Phone: State of Domicile: ARIZ		• • • • • • • • • • • • • • • • • • • •			•	
	• • •	•	ion: NON-PROF			
Statutory Agent: JORGEN V			Physical Addres	-	erent.	
Mailing Address: 7190 N S ity, State, Zip: TUCSON,			Physical Addres City, State, Zi			
				-		
	Use this box o	onlv if	appointing a	new State	utory Ade	ent
ACC USE ONLY						
Fee %	If appointing a new st	tatutory ag	ent, the new agent	: MUST consei	nt to that	
	appointment by signif					
Penalty \$	(individual) or We, (corpora	ation or limited	liability company) having	n heen designated	the new Statut	on Agent
	o hereby consent to this app					ory Agent,
Expedite \$						
Expedite 5	Signatur	re of <i>new</i> State	Itory Agent			;
Resubmit \$				-		;
	Printed N	Name of <i>new</i>	Statutory Agent			
Secondary Address:				•••••		
	7					
(Foreign Corporations are						
this section).						
] .			•		
						•
Check the one category below		the CHAR	ACTER OF BUSIN	IESS of your c	orporation.	

BUSINESS COR	PORATIONS	NON-PROFIT CORPORATIONS
1. Accounting	20. Manufacturing	1 Charitable
2. Advertising	21. Mining	2. Benevolent
3. Aerospace	22. News Media	Educational
4. Agriculture	23. Pharmaceutical	4. Civic
5. Architecture	24. Publishing/Printing	5 Political
6. Banking/Finance	25. Ranching/Livestock	6 Religious
7. Barbers/Cosmetology	26. Real Estate	7. <u>Social</u>
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	11. <u>· Science/Research</u>
12. Engineering	31. Technology(Computers)	12 Hospital/Health Care
13. Entertainment	32. Technology(General)	13 Agricultural
14. General Consulting	33. Television/Radio	14Animal Husbandry
15. Health Care	34. Tourism/Convention Services	 15. Homeowner's Association
16. Hotel/Motel	35. Transportation	16 Professional, commercial
17. Import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19 Legal Services	38 Other	

Date taking office: ___

Date taking office: _

Profit & Loss Statement

- 0504720-5

4/11/2006

1/1/2005 Through 12/31/2005 (Cash Basis)

11/2006		Categor	y Description			1/1/2005- 12/31/2005
MOORE						
INCOME					-:	
Dues Income						7,700.00
TOTAL INCOME		• •	* * *		120 THE STATE OF T	7,700.00
EXPENSES					_	
Uncategorized						9.00
Accounting						425.00
Electric Power						193.42
Gate Maintenance						1,538.11
Insurance						344.00
Landscape Maintena	ance					2,115.00
Misc						
Ariz Dept of Rev					· · · · · · · · · · · · · · · · · · ·	45.00
Corporation Comm	nission					10.00
TOTAL Misc				· · · · · · · · · · · · · · · · · · ·		55.00
Telephone to Gate						344.56
TOTAL EXPENSES						5,024.09
OVERALL TOTAL						2,675.91

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3/2/2006

Account	12/31/2005 Balance		
ASSETS			
Cash and Bank Accounts	, ,		
Checking	13,213.67		
TOTAL Cash and Bank Accounts	13,213.67		
TOTAL ASSETS	13,213.67		
LIABILITIES	0.00		
OVERALL TOTAL	13,213.67		

Josh Moules

Please Enter Corporation Name: 77ECCA COUNTY	67 HOTEOUNGES File Film Ger OSO4720-5 Page 3
FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)	
	come/expense statement, balance sheet including assets, liabilities). All other ire.
A. MEMBERS (A.R.S. § 10-11622.A.6)	
Only Nonprofit Corporations must answer this question.	This corporation DOES DOES NOT MAN have members.
	officer, director, trustee, incorporator and/or person controlling or holding more of any other proprietary, beneficial or membership interest in the corporation
year period immediately preceding the execution of this cer. Convicted of a felony, the essential elements of which consider or monopoly in any state or federal jurisdiction within the set. Or are subject to an injunction, judgment, decree or permanagement.	sisted of fraud, misrepresentation, theft by false pretenses or restraint of trade seven year period immediately preceding execution of this certificate? anent order of any state or federal court entered within the seven year period uch injunction, judgment, decree or permanent order involved the violation of: ws of that jurisdiction, or
	One box must be marked: YES I NO
f "YES", the following information must be submitted a of the actions stated in Items 1. through 3. above.	as an attachment to this report for each person subject to one or more
 Full name and prior names used. Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period). 	. Social Security Number
l623 & 10-11623)	or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-
	ed a receiver? One box <u>must</u> be marked: YES NO
over 20% of the issued and outstanding common shares, or 20 corporation which has been placed in bankruptcy, receivership or h	proporator of the corporation served in any such capacity OR held or controlled 20% of any other proprietary, beneficial or membership interest in any other had its charter revoked, or administratively or judicially dissolved by any state
or jurisdiction?	VEC CI NO W
Underlined portion pertains to business corporations only]	One box <u>must</u> be marked: YES NO
statement above. 1. The names and addresses of each corporation and stockholder) 2. The state in which each corporation was a) incorporate 3. The dates of corporate operation.	ed in any other bankruptcy proceeding within the past year, the name and
declare, under penalty of law that all corporate income tax filled with the Arizona Department of Revenue. I further decl	dated by at least one duly authorized officer or they will be rejected. Treturns required by Title 43 of the Arizona Revised Statutes have been clare under penalty of law that I (we) have examined this report and the
	y (our) knowledge and belief they are true, correct and complete. Name
Signature John 18 Conejo	Signature
Title // PRESIDENT	Title
	orporate officer(s) listed in section 7 of this report.)

Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW THESE DIRECTIONS!

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. This is the only notice you will receive. According to A.R.S. §10-1622.F, penalties accrue on business corporation annual reports which are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. No other format is allowed.

Please verify the business address and statutory agent and agent address information on page one. Strike out incorrect information. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the stock questions. IMPORTANT: The entirety of this document is public record, including addresses cited.*Use black

or t	lue ink.
	Section 1. All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole,
_	professional, business trust). Please list a business phone number.
	Section 2. All corporations must state the name and address of the current Statutory Agent for the corporation. Correct
	information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent
	must provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must provide a physical
	description of their street address/location. New Statutory Agents must consent to their appointment by signing the
	appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or
	whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing
_	a new agent.
	Section 3. Foreign (out-of-state/country) corporations must state their known place of business in this state and in the
	jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
	Section 4. All corporations must check the category that best describes the character of their corporation in the applicable
	business or nonprofit corporation area.
	Section 5. All business corporations must indicate the number of shares which they have authorized and issued, the class
	and series. All business trusts must indicate the number of transferable certificates held by trustees.
	Section 6. All business corporations must indicate the list of applicable shareholders.
	Section 7. Please list all principal officers. All corporations must have at least one duly authorized officer, with address.
	Section 8. Please list all directors. All corporations must have at least one director per A.R.S. §§10-803.A & 10-3803.A.
	Transfer of State of
	obligation by attaching one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Arizona
	Department of Revenue; OR 2) A copy of the corporation's Charitable Organization Financial Statement as filed with the
	Arizona Secretary of State pursuant to A.R.S. §44-6552; OR 3) A copy of the corporation's Treasurer's Report/Financial
	Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's
	members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other types of
	corporations are exempt from filing a financial disclosure. All Nonprofit Corporations must also indicate whether or not
	the corporation has members.
	Section 10. All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box
	must supply the attachment required as explained in section 10.
	Section 11. All corporations must check either YES or NO in the Statement of Bankruptcy, Receivership or Charter
	Revocation (both A and B). Those who check the "YES" box must supply the attachment required as explained in section
_	11.
	Section 12. All corporations must read the declarations in this section. If they have complied, and if they have completed
	the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report.
_	The signer(s) shall be at least one duly authorized officer.
	Sign, Date & Mail the Check and Annual Report. Business corporations must send \$45, Nonprofit corporations \$10.
	Credit cards are not accepted. Business/profit corporations are subject to penalties if their report is submitted after its
	assigned due date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX
	at 602-542-0082 for the penalty amount due.

MAKE CHECK PAYABLE TO: MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION c/o Annual Reports - Corporations Division 1300 West Washington Phoenix, AZ 85007-2929

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site (www.cc.state.az.us) has more general information about annual reports and reporting requirements. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285. AR:0046

Rev. 05/2005