

## WEB FORM COPY

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





**DUE ON OR BEFORE** 

04/07/2007

FY06-07

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.

for t	he report should reflect the o	current status of the corporation. Se	e instructions on page	4 for proper format.				
1.	-1141925-7 HIGH COUNTRY VILLAGE CONDOMINIUMS UNIT OWNERS ASSOCIATION 1191 E WHITE MOUNTAIN BLVD PINETOP, AZ 85935  MESA, AZ, 857213							
	Business Phone:	(Business phone	is antional )					
	State of Domicile: Al	RIZONA Tune of Corpore	ntion: NON-PROFIT	<b>n</b>				
	State of Domicie; 21	Type of Corpora	- wood	•				
2.	City, State, Zip: SCC		Physical Address, If D Physical Address: City, State, Zip:	ifferent.				
		C 241 45 62 513		Chatatams Isaant				
	ACC USE ONLY Fee S	If appointing a <u>new</u> statutory a appointment by signing below.	gent, the new agent M					
	Penalty S	I, (individual) or We, (corporation or limite	d liability company) having be	een designated the new Statutory Ager				
	Reinstate S	do hereby consent to this appointment un	ntil my removal or resignation	pursuant to law.				
	Expedite \$	Signature of new Sta						
	TOOLSTING O	michael printed Name of ner		RECEIVED				
3.	Secondary Address:			MAR 2 2 2007				
	(Foreign Corporations REQUIRED to complet this section).			ARIZONA CORP. COMMISSION COMPORATIONS DIVISION				
4.	Check the one category by BUSINESS CORPO  1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 8. Construction 9. Contractor 10. Credit/Collection 11. Education 12. Engineering 13. Entertainment 14. General Consulting 15. Host/Motel 17. Import/Export 18. Insurance	elow which best describes the CHAI DRATIONS  20. Manufacturing 21. Mining 22. News Media 23. Phermacedical 24. Publishing/Trinting 25. Banching/Trinting 26. Real Estate 27. Restaurant/Bar 28. Retail Sales 29. Science/Research 30. Sports/Sporting Events 31. Technology(Corpulers) 32. Technology(General) 33. Television/Padio 34. Tourism/Conventior Services 35. Transportation 36. Utilities 37. Veterinary Medicina/Animal Care	NON-PROF 1. — Chari 2. — Bene 3. — Educ 4. — Civic 5. — Politi 6. — Horiga 7. — Socia 6. — Litera 9. — Cultur 10. — Athle 11. — Sciea 12. Hosp 13. — Agric 14. — Anim 15. — Horre Indus	FIT CORPORATIONS  table  volent  ational  cal  tous  atry  rat				

\_\_38. Other

\_\_ 19. Legal Services

-1141925-7 HIGH COUNTRY VILLAGE CONDOMINIUMS UNIT OWNERS ASSOCIATION

Page 2

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.

Please examine the corporation's original Articles of Incorporation for the amount of shares authorized. 5a. Series Within Class (if any) Class. Number of Shares/Certificates Authorized Review all corporation amendments to determine if the original number of shares has changed. Examine the 5b. corporation's minutes for the number of shares issued. Class Series Within Class (if any) Number of Shares/Certificates Issued 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 PRINT OR TYPE CLEARLY. Name: NONE 17 Name: Name: 7. OFFICERS PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE. WATKINS TERR Name: MICWAR Name: Title: Title: #106 Address: Address: 5 Date taking office: \$\\b\ Date taking office: \_ & Name: Name: Title: Title: TERESA Address: PASED SANTA 85750 Date taking office: 8. DIRECTORS PLEASE PRINT OR TYPE CLEARLY, YOU MUST LIST AT LEAST ONE. Name: Address: Address: Date taking office: Date taking office: \_\_\_\_ Name: Address: \_\_\_\_ MESA. AZ Date taking office: Date taking office:

## HIGH COUNTRY VILLAGE CONDO OWNERS ASSOCIATION 2006 BALANCE SHEET

BALANCE FORWARD	\$1,656.87
2006 assoc. dues	\$32,517.92
Total	\$34,174.79
EXPENSES	
Insurance	\$12,311.00
Electric	\$1,004.96
Waste	\$2,305.80
Water	\$5,092.30
Sewer	\$7,455.00
Attorney fees	\$345.00
Taxes-Property	\$59.14
Taxes-State	\$140.00
Snow Removal	\$1,050.00
Az Corp Fees	\$10.00
Misc.	\$142.92
	\$29,916.12
Difference	\$4,258.67
Current Balance in bank	\$4,258.67

Pleas	e Enter Corporation Nam	e: HIGH COUNTR	Y VILLAC	SE COND	OMINIUMS File	number_	-1141925-	7 Page 3
Nonor	NANCIAL DISCLOSURE offt corporations must attac of corporations are exempt	h a financial statement	(e.g. incom <i>ele</i>	expense state	ement, balance sheet	t including:	assets, liabilit	ties). All other
9A. <u>N</u>	MEMBERS (A.R.S. § 10-	11622.A.6)					e	
Only	Nonprofit Corporations mu	st answer this question	This	corporatio	n DOES 🗇 DO	DES NO	TX have	members.
Has A than 1 been:	ERTIFICATE OF DISCLE NY person serving either by 0% of the issued and outsta [Underlined portion perta	election or appointment anding common shares ins to business corpo	as an officer, or 10% of any rations only]	director, trus other propri	tee, Incorporator <u>and</u> etary, beneficial or n	<u>nembershi</u>	<u>p interest in ti</u>	he corporation
2. ·	Convicted of a felony involvi year period immediately pre Convicted of a felony, the es or monopoly in any state or Or are subject to an injunct immediately preceding exec (a) fraud or registration (b) the consumer fraud (c) the antitrust or restr	eceding the execution of sential elements of whit federal jurisdiction with ion, judgment, decree of sution of this certificate was provisions of the seculars of the transport that the provisions of the seculars of the seculars of the transport that the seculars of the secular of the secu	f this certificate ch consisted on in the seven or permanent of where such inj rities laws of to a, or	ie? of fraud, misi year period i order of any unction, judg hat jurisdicti	representation, theft mmediately precedi state or federal cour ment, decree or pen	by false pr ng execution t entered v manent ord	etenses or re on of this cert vithin the sev der involved th	straint of trade ificate? en year period
if "YE	ES", the following inform	nation must be subi	nitted as an					
of the	actions stated in Items 1	, through 3. above.			•	-		
1. 2. 3. 4.	Full name and prior names used.  Full birth name.  Present home address.  Prior addresses (for immediate preceding 7 year period).  5. 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.							
	TATEMENT OF BANKR	UPTCY, RECEIVER	SHIP or CHA	ARTER RE	VOCATION (A.R.	S. §§10-2	02.D.2, 10-3	3202.D.2, 10-
1623	& 10-11623) s the corporation filed a pet	ition for bankruptey or a	appointed a re	ceiver?	ne box must be m	arked:	YES 🗇 I	MOM
B) Har over 2 corpo	s any person serving as an o 20% of the issued and outs ration which has been places sdiction?	officer, director, trustee tanding common shar	or incorporate es. or 20% of	or of the corp any other p	oration served in an roprietary, beneficia	ıy such cap il or memb	pacity OR hell ership interes	d or controlled st in any other
•	erlined portion pertains to	business corporation	s only]	0	ne box <u>must</u> be m	arked:	YES 🗇 1	NOX
	stockholder) The state in which eac The dates of corporate If any involved person address of each corporate, Case number an	esses of each corporation was a) in operation. (listed in #1) has been	tion and the period to the corporated by involved in a cruptcy was file.	person or per transacted to my other bar	ersons involved. (e.go pusiness. nkruptcy proceeding	g. officer, (	director, trust	ee or major
12 8	IGNATURES: Annual F	Reports must be signe	d and dated	by at least o	one duly authorize	d officer o	r they will be	e rejected.
l deci filed certif	lare, under penalty of law with the Arizona Departm ficate, including any attact	that all corporate inco ent of Revenue. I furt hments, and to the be	nme tax retur her declare u st of my (our	ns required Inder penalt I knowledge	by Title 43 of the / y of law that I (we) e and belief they ar	Arizona Re have exa re true, co	evised Statut	tes have been eport and the
Nam	emichau is n	noop Date	70)07Na	me			Date	
Sign	ature		Sig	jnature				
Title	SECRETARY 35	MUASVICE must be duly autho	rized corpora	tle_ te officer(s	) listed in section 7	of this re	port.)	<del> </del>