



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

AZ Corp. Commission



02047926

DUE ON OR BEFORE 04/30/2007

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.

1. -0060016-5
CITATION GARDENS COOPERATIVE CORPORATION NO. 6
% TUCSON REALTY & TRUST CO
PO BOX 57610
TUCSON, AZ 85732-7610

RECEIVED

JUN 12 2007

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: TANIS A DUNCAN Physical Address, If Different.
Mailing Address: 548 E SPEEDWAY BLVD Physical Address:
City, State, Zip: TUCSON, AZ 85705 City, State, Zip:

ACC USE ONLY

Fee \$ _____
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

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.

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

- | | |
|---|--|
| <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 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.**

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)
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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)
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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: CO #6-P
 Title: JEAN C BRONSON
 Address: 1705 S JONES BLVD F-5
 TUCSON AZ 85713-2324

Name: _____
 Title: CO #6-S
 Address: BARBARA GOULD
 1705 S JONES BLVD F-1
 TUCSON AZ 85713-2324

Date taking office: 3/27/07

Date taking office: 3/27/07

Name: CO #6-T
 Title: MARY A WATSON
 Address: 1776 S PALO VERDE AVE D-7
 TUCSON AZ 85713-2341

Name: _____
 Title: _____
 Address: _____

Date taking office: 3/27/07

Date taking office: _____

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

Name: CO #6-P
 Address: JEAN C BRONSON
 1705 S JONES BLVD F-5
 TUCSON AZ 85713-2324

Name: _____
 Address: _____

Date taking office: 3/27/07

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Trial Balance

For The Period January 2007 - May 2007

Books = Cash

Account	Description	Balance Forward	Debit	Credit	Ending Balance
1110	Cash In Bank - 1	1,735	7,224		8,960
1119	Petty Cash	1,000		700	300
1150	Contingency Reserve	65,922		13,932	51,990
1160	G.O. Reserve	8,597		4,052	4,545
1161	G.O. Reserve - CD 1	31,392	1,137		32,529
1162	G.O. Reserve - CD 2	31,386	1,127		32,513
1163	G.O. Reserve - CD 3	30,000			30,000
1610	Land	35,866			35,866
1700	Buildings	846,723			846,723
1770	Personal Property	1,101			1,101
1800	Capital Improvements	48,492			48,492
1825	Building Utility System	32,760			32,760
1830	Equipment	43,239			43,239
2250	Tenant Deposits	165			165
2616	Transfer - Savings to Checking	0		25,000	-25,000
3236	Prior Year Transfer To	52			52
3240	Transfer	3,000			3,000
3250	Transfer - Savings to Checking	-209,066	25,000		-184,066
3251	JE - Savings To Checking	211,066			211,066
3261	JE - Checking to Savings	-233,397		6,140	-239,537
3272	Transfer From Contingency Reser	-2,000			-2,000
3280	Transfer To General Operating	63,930	1,410		65,340
3282	Transfer To Contingency Reserve	164,982	7,800		172,782
3284	Transfer To Replacement Reserve	1,521			1,521
3700	Bank Charges	60			60
3720	Interest Earned	-12,421		3,160	-15,581
3730	Prior Year Interest	-16,706			-16,706
3800	Retained Earnings	-1,149,397			-1,149,397
4810	Association Dues	0		76,054	-76,054
4825	Parking Rent	0		550	-550
5270	Passthru Supplies	0		82	-82
5643	Damage Deposit	0		65	-65
5651	Laundry Income	0		835	-835
5681	Late Fees 1	0		573	-573
7410	Management Fee	0	3,724		3,724
7411	Licenses/Fees/Permits	0	192		192
7417	Office Supplies	0	985		985
7418	Owner Office Expense	0	5		5
7420	Other Administration	0	30		30
7421	Background Check/Drug Screening	0	135		135
7425	Communications/Telephone	0	100		100

Trial Balance

For The Period January 2007 - May 2007

Books = Cash

Account	Description	Balance Forward	Debit	Credit	Ending Balance
7430	Bank Charges	0	119		119
7441	Signs	0	42		42
7451	Postage	0	256		256
7452	Printing	0	143		143
7453	Legal Fees	0	23		23
7460	Club House - Party/Meetings	0	101		101
7510	Maintenance Payroll	0	18,557		18,557
7520	Janitorial Payroll	0	596		596
7525	Landscape Payroll	0	1,669		1,669
7545	Plumbing Payroll	0	938		938
7840	Workers' Compensation	0	893		893
7850	Payroll Taxes	0	2,231		2,231
7860	Medical Insurance-Co Contrib	0	168		168
8030	Janitorial Supplies	0	256		256
8035	Refuse - Contract	0	1,125		1,125
8107	Other Misc Supplies	0	200		200
8112	HVAC - Repairs	0	87		87
8115	HVAC - Supplies	0	16,070		16,070
8123	Painting - Supplies	0	211		211
8130	Plumbing - Repairs	0	397		397
8131	Plumbing - Supplies	0	2,077		2,077
8137	Electrical - Supplies	0	545		545
8139	Lighting - Supplies	0	457		457
8140	Pool/Jacuzzi - Contract	0	975		975
8142	Pool/Jacuzzi - Repairs	0	43		43
8143	Pool/Jacuzzi - Supplies	0	349		349
8156	Equipment - Rental	0	9		9
8158	Equipment - Tools/Equipment	0	609		609
8161	Appliance Equipment - Supplies	0	80		80
8162	Window/Door - Repair/Replace	0	370		370
8171	Exterior - Building Materials	0	508		508
8174	Exterior - Roof Repairs	0	1,566		1,566
8176	Exterior - Roof Supplies	0	1,726		1,726
8178	Lumber and Materials	0	232		232
8180	Exterminating - Contract	0	3,299		3,299
8184	Hardware - Supplies	0	1,072		1,072
8185	Gutters	0	6		6
8188	Keys & Locks	0	46		46
8196	Other Repairs & Maintenance	0		64	-64
8240	Irrigation	0	511		511
8260	Landscape/Irrigation - Contract	0	6,025		6,025

Trial Balance

For The Period January 2007 - May 2007

Books = Cash

Account	Description	Balance Forward	Debit	Credit	Ending Balance
8261	Landscape/Irrigation - Repairs	0	520		520
8263	Landscape/Irrigation - Supplies	0	2,907		2,907
8281	Fire Protection - Maintenance	0	80		80
8310	Electricity	0	3,573		3,573
8320	Gas	0	996		996
8340	Water & Sewer	0	5,810		5,810
8425	Insurance	0	2,759		2,759
8450	State Tax	0	50		50
9021	HVAC	0	605		605
9075	Appliances	0	450		450
		<u>0</u>	<u>131,207</u>	<u>131,207</u>	<u>0</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.

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 JEAN BRONSON Date 5-14-07 Name _____ Date _____

Signature Jean Bronson Signature _____

Title President Board of Directors Title _____

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