

# **WEB FORM** COPY

# STATE OF ARICONA **CORPORATION COMMISSION CORPORATION ANNUAL REPORT** & CERTIFICATE OF DISCLOSURE

AZ Corp. Commission
02048621

OR BEFORE

04/21/2007

FY06-07

FILING FEE

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The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised 21.A. ation

YOUR	REPORT MUST BE SUBMIT	imission's authority to prescribe this form IED ON THIS ORIGINAL FORM. Make changes or our irrent status of the corporation. See instructions on page 1	is A.R.S. §§10-121.A. & 10-31 corrections where necessary. Inform page 4 for proper format.
1. 1\$ <del>4</del>	-0235067-0 TERRACE WEST HOM 23 <del>5527</del> W SKY HAWK I SUN CITY WEST, AZ		RECEIVED APR 0 2 2007
	Business Phone: State of Domicile: AR	(Business phone is optional.) IZONA Type of Corporation: NON-PRO	ARIZONA CORP. COMMISSION CORPORATIONS DIVISION
<b>2.</b>	Mailing Address: 1552- City, State, Zip: SUN	CITY WEST, AZ 85375 <del>-6515</del> 6516 City, State, Zip 6413 W SKY HAWK DRIVE	:: :
	ACC USE ONLY  Fee \$  Penalty \$	If appointing a <u>new</u> statutory agent, the new age appointment by signing below.  I, (individual) or We, (corporation or limited liability company) has	int MUST consent to that
	Heinstate \$  Expedite \$  Resubmit \$	do hereby consent to this appointment until my removal or resignations of new Statutory Agent  Robert J. Gottles.	nation pursuant to law.
3.	Secondary Address:	Printed Name of new Statutory Agent	JUN 1 3 2007
	(Foreign Corporations at REQUIRED to complet this section).		ARIZONA CORP. COMMISSION CORPORATIONS DIVISION
4.	Check the one category be BUSINESS CORPOR	low which best describes the CHARACTER OF BUS	INESS of your corporationPROFIT CORPORATIONS -Charable

CHECK THE OHE CEREGOLY	Delon Millon Dear deconition and on a mile	
BUSINESS COR		NON-PROFIT CORPORATIONS
. 1. Accounting	20. Manufacturing	1 Charitable
2. Advertising	21. Mining	2. Benevolent
3. Aerospace	22. News Media	3 Ēducational
4. Agriculture	23. Pharmaceutical	4 Civic
5. Architecture	24. Publishing/Printing	5. <u> </u>
6. Banking/Finance	25. Ranching/Livestock	6 Religious
7. Barbers/Cosmetology	26. Real Estate	7 Social
8. Construction	27. Pestaurant/Bar	8 Literary
9. Contractor	29. Retail Sales	9 Cultural
10. Credit/Collection	29. Science/Research	10 Athletic
11. Education	30. Sports/Sporting Events	<ol> <li>Science/Research</li> </ol>
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. 🗶 Homeowner's Association
15. Hotel/Motel	35. Transportation	<ol> <li>Professional, commercial</li> </ol>
17. Import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19 Legal Sandces	38. Other	

5. <u>CAPITALIZATION:</u> (Business Corporations and Business trusts must indicate the number of transferable)		
the trust estate. PLEASE PRINT OR TYPE CLEA		in by trastaes evidencing their behelicist interest fit
5a. Please examine the corporation's original Article	es of Incorporati	on for the amount of shares authorized.
Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
5b. Review all corporation amendments to determ corporation's minutes for the number of shares		al number of shares has changed. Examine the
Number of Shares/Certificates Issued	Class	Series Within Class (if any)
6. SHAREHOLDERS: (Business Corporations and Business Shareholders holding more than 20% of any class beneficial interest in the corporation. PLEASE PRINT	of shares issue OR TYPE CL	d by the corporation, or having more than a 20% EARLY.
area and a second a	Name	-
NONE Name:	Name	<b>:</b>
7. OFFICERS PLEASE PRINT OR TYPE CLEARI Name: PETER SPAKED, TO H	LY. YOU MUS	TLIST AT LEAST ONE.
Title: PRESIDENT	Title:	SECRETARY TREASURER
Address: 15233 W. BLUE VERDE DE	Address	SECRETARY TREASURER S: 15413 W. SKY HAWK DR
Address: 15233 W. BLUE VERDE DE SUN CITY WEST, 17285370	L-6507	SUNC, TY WEST 17285375-6516
Date taking office: (1) 16 2-006		king office: 11/5/05
Name: RAYMOND A. YOUNGMAN	Name:	
VICE- PRESIDENT	•	
Address: 18314 W SKY HAWK DR	Title:	
SUN CITY WEST, AZ 85375%		S:
Date taking office: 11 16 05	<del></del>	kìng office:
8. DIRECTORS PLEASE PRINT OR TYPE CLEAR		
Name: ALL OF THE HOWE		LHERY HAUK
Address: OFFICERS ARE DIRE	CTSQS Address	S: 18201 WSKY IFAME AR
	<del></del>	SUNCITY WESTARSS375_45/8
Date taking office:	Date ta	king office: 11/16/2006
Name: WILLIAM BECKMAN		
Address: 18324 WSKY HAWK De	Address	S:
SUNCITY WESTAZ 85375-6	509	
Date taking office: 1/10/2006	Date ta	king office:

CASH FLOW-POS/NEG

78.61

# TERRACE WEST INC INCOME STATEMENT FOR THE MONTH ENDING DEC 31, 2006

1							
•	DESCRIPTION		CURRENT	PERIOD	YEAR	ТО	DAT
		ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANC
•	INCOME	•				-	
TRW0-501	ASSESSMENTS	7,144.00	7,708.00	564.00-	92,491.00	92,498.00	5,00
TRW0-511	INTEREST	24.59	.00	24.59	203,83	.00	203.83
TRW0-519	MISCELLANEOUS			0	20.00		20.00
-	TOTAL INCOME	7,168.59	7,708.00	539.41-	92,714.83	92,496.00	218.83
-	EXPENSES				•		
TRW0-601	ELECTRICITY-TIMERS	152. <b>90</b>	131.20	21.70-	1,703.57	1,574.40	129.17
TRW0-602	WATER-LANDSCAPE	.00	512.50	512.50	5,813.74	6,150.00	336.26
TRW0-610	TRASH REMOVAL	984.00	984.00	.00.	11,808.00	11,808.00	.00
TRW0-611	EXT PEST CONTROL	516,60	516.60	.00	6,334.18	6,199.20	134,98
TRW0-613	GARDENING	2,132.00	2,132.00	.00.	25,584.00	25,584.00	.00
TRW0-614	LANDSCAPE-MISC	586.21	709.30	123.09	4,562.22	8,511.60	3,949:38
TRW0-615	IRRIGATION	.00	106.60	106.60	260.00	1,279.20	999.20
TRW0-616	FERTILIZER/SEED	.00	28.70	28.70	264.38	344.40	80.02
TRW0-618	CABLE TV	1,904.90	1,968.00	63.10	22,878.61	23,616.00	737.39
TRW0-619	MISC SVC/TAX PREP	8.37	21,32	12.95	79.40	255.84	176.44
TRW0-628	TREE TRIMREMOVE	400.00	250.10	149,90-	620.00	3,001.20	2,381,20
TRW0-680	TAXES	.00	16.40	16. <b>4</b> 0	60.00	196,80	136.80
TRW0-681	INSURE LIABILITY	.00	61.50	61,50	505.00	738.00	233.00
TRW0-683	ACCOUNTING FEE	205.00	205.00	.00	2,460.00	2,460.00	.00
TRW0-687	MISC OFFICE EXP	200,00	64.78	135.22-	1,775.00	777.36	997.64
	TOTAL EXPENSES	7,089.96	7,708.00	618.02	84.728:10	92,496,00	7,767,90

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7,986.73

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7,986.73

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# TERRACE WEST INC BALANCE SHEET AS OF DEC 31, 2006

#### Page 1 / 1

## **ASSETS**

CHASE OPERATING ACCOUNT PETTY CASH CHASE PREM MM 2049786797	14,404.48 200.00 49,203.83
TOTAL ASSETS	24,808,31
LIABILITIES	
SUSPENSE	
TOTAL LIABILITIES	00
NET ASSETS	24.808.31

## CAPITAL/EQUITY

# RESERVE ALLOCATIONS

420 CONTINGENCY	6,821.58
421 RESERVE FUND	10,000.00
TOTAL RESERVE ALLOCATIONS	16,821.58
PREV YR(S) SURPLUS/SHORTFALL	.00
CURRENT SURPLUS/SHORTFALL	7,986.73
TOTAL CAPITAL/EQUITY	24,808.31

Nonprofit corporations <u>must attach</u> a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All oth 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 TO DOES NOT I 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 <u>and/or person controlling or holding morthan 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]</u>
Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the severy 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 traction 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 must be marked:  YES   NO   NO   NO   One box must be marked:
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; 4. Prior addresses (for immediate preceding 7 year period). 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 <u>must</u> be marked: YES INO 18  B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR <u>held or controlled</u> 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 I NO [3]
<ol> <li>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.</li> <li>The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)</li> <li>The state in which each corporation was a) incorporated b) transacted business.</li> <li>The dates of corporate operation.</li> <li>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.</li> <li>Date, Case number and Court where the bankruptcy was filed or receiver appointed.</li> <li>Name and address of court appointed receiver.</li> </ol>
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 bee filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and th certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.
Name POSTRI J. GOM LIFB Date 6/11/2007 Name Date
Signature Soler Hatchieb Signature
Title Seretary - I reasurer Title  (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)