

Submitted:  
Tuesday, October 30, 2018  
4:13:58PM  
CDIAC #: 2007-0580

STATE OF CALIFORNIA  
MARKS-ROOS YEARLY FISCAL STATUS REPORT  
FOR LOCAL OBLIGORS

California Debt and Investment Advisory Commission  
915 Capitol Mall, Room 400, Sacramento, CA 95814  
P.O. Box 942809, Sacramento, CA 94209-0001  
Tel: (916) 653-3269 Fax (916) 654-7440

For Office Use Only
Fiscal Year _____

California Government Code Section 6599.1 requires that all issuers selling Marks-Roos bonds, which is part of the Marks-Roos Local Bond Pooling Act of 1985, after January 1, 1996 are required to report specific information to the Commission by October 30th of the current year and each year thereafter, until maturity.

**I. GENERAL INFORMATION**

A. Local Obligor Issuer ABAG Finance Authority for Nonprofit Corporations CFD No 2004-2

B. Name/ Title/ Series of Bond Issue 2007 Special Tax Bonds

C. Project Name Windemere Ranch Series B

D. Date of Bond Issue/Loan 6/8/2007

E. Original Principal Amount of Bonds/Loan \$15,000,000.00

F. Reserve Fund Minimum Balance Required Yes  Amount: \$0.00 No   
Part of Authority Reserve Fund Yes  Percent of Reserve fund: 0.00% No

G. Name of Authority that purchased debt ABAG Finance Authority for Nonprofit Corporations

H. Date of Authority Bond(s) Issuance 6/8/2007

**II. FUND BALANCE FISCAL STATUS**

Balances Reported as of : 6/30/2018

A. Principal Amount of Bonds/Loan Outstanding \$10,465,938.87

B. Bond Reserve Fund \$214,468.68

C. Capitalized Interest Fund \$0.00

D. Administrative Fee Charged by Authority \$0.00

**III. DELINQUENT REPORTING INFORMATION**

Have delinquent Taxes been reported: Yes  No

Delinquent Parcel Information Reported as of Equalized Tax Roll of: 6/30/2018

A. Delinquency Rate 0.67%

B. Does this Agency participate in the County's Teeter Plan: Yes  No

C. Taxes Due \$929,359.69

D. Taxes Unpaid \$6,235.33

**IV. ISSUE RETIRED**

This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)

Matured  Redeemed/Repaid Entirely  Other

If Matured, indicate final maturity date:

If Redeemed/Repaid Entirely, state refunding bond title/ Loan, and CDIAC#:

and redemption/repayment date:

If Other:

and date:

**V. NAME OF PARTY COMPLETING THIS FORM**

Name KRISTIN HARVEY  
Title SENIOR CONSULTANT  
Firm/ Agency NBS  
Address 32605 TEMECULA PKWY, STE #100  
City/ State/ Zip TEMECULA, CA 92592  
Phone Number (951) 296-1997  
E-Mail KHARVEY@NBGOV.COM

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**VI. COMMENTS:**