



WEB FORM  
COPY

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



01964769



DUE ON OR BEFORE 04/22/2005

FY04-05

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. -1006446-2

LA PLAYA CALIENTE OFFICES ASSOCIATION  
% CHAPMAN LINDSEY PROPERTY MAN-  
100 N STONE AVE STE 602- 1100  
TUCSON, AZ 85701

c/o Chapman Management Group, LLC

\* AD-DISSOLVED-FILE ANNUAL REPORT 03/07/2006; CONTACT THE COMMISSION AT 602-542-3285!

Business Phone: \_\_\_\_\_

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

RECEIVED

2.

Statutory Agent: THOMAS M PACE  
Mailing Address: 2525 E BROADWAY BLVD #102  
City, State, Zip: TUCSON, AZ 85716-5398

Physical Address, If Different.

Physical Address:

City, State, Zip:

APR 23 2007

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

ACC USE ONLY

Fee \$ 10

Penalty \$ \_\_\_\_\_

Reinstate \$ 25

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.

*Michael W. Leed*

Signature of new Statutory Agent

Michael Leed

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

- ☐ 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. Health Care
- ☐ 16. Hotel/Motel
- ☐ 17. Import/Export
- ☐ 18. Insurance
- ☐ 19. Legal Services
- ☐ 20. Manufacturing
- ☐ 21. Mining
- ☐ 22. News Media
- ☐ 23. Pharmaceutical
- ☐ 24. Publishing/Printing
- ☐ 25. Ranching/Livestock
- ☐ 26. Real Estate
- ☐ 27. Restaurant/Bar
- ☐ 28. Retail Sales
- ☐ 29. Science/Research
- ☐ 30. Sports/Sporting Events
- ☐ 31. Technology(Computers)
- ☐ 32. Technology(General)
- ☐ 33. Television/Radio
- ☐ 34. Tourism/Convention Services
- ☐ 35. Transportation
- ☐ 36. Utilities
- ☐ 37. Veterinary Medicine/Animal Care
- ☐ 38. Other \_\_\_\_\_

NON-PROFIT CORPORATIONS

- ☐ 1. Charitable
- ☐ 2. Benevolent
- ☐ 3. Educational
- ☐ 4. Civic
- ☐ 5. Political
- ☐ 6. Religious
- ☐ 7. Social
- ☐ 8. Literary
- ☐ 9. Cultural
- ☐ 10. Athletic
- ☐ 11. Science/Research
- ☐ 12. Hospital/Health Care
- ☐ 13. Agricultural
- ☐ 14. Animal Husbandry
- ☐ 15. Homeowner's Association
- ☐ 16. Professional, commercial industrial or trade association
- ☒ 17. Other Office Association

**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 PRINT OR TYPE CLEARLY.

NONE ☐ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**7. OFFICERS** PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u>Michael Leed</u>	Name: _____
Title: <u>President</u>	Title: _____
Address: <u>1889 N. Kolb Rd.</u>	Address: _____
<u>Tucson, AZ 85715</u>	_____
Date taking office: <u>04/12/04</u>	Date taking office: _____
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
_____	_____
Date taking office: _____	Date taking office: _____

**8. DIRECTORS** PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: <u>Michael Leed</u>	Name: _____
Address: <u>1889 N. Kolb Rd.</u>	Address: _____
<u>Tucson, AZ 85715</u>	_____
Date taking office: <u>04/12/04</u>	Date taking office: _____
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Date taking office: _____	Date taking office: _____

**Income Statement (Cash)**  
**LA PLAYA CALIENTE OFFICES - (playa)**  
**January 2004 - December 2004**

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Prepared For:  
La Playa Caliente Offices, LLC  
1833-1889 N. Kolb Road  
Tucson, AZ 85715

Prepared By:  
Chapman Management Group, LLC  
100 N. Stone Ave., Suite 1100  
Tucson, AZ 85701

	Period to Date	%	Year to Date	%
<b>INCOME</b>				
Estimated CAM Pass Thru	21,508.41	91.21	21,508.41	91.21
CAM Assessment	2,072.38	8.79	2,072.38	8.79
<b>TOTAL OPERATING INCOME</b>	<b>23,580.79</b>	<b>100.00</b>	<b>23,580.79</b>	<b>100.00</b>
<b>TOTAL INCOME</b>	<b>23,580.79</b>	<b>100.00</b>	<b>23,580.79</b>	<b>100.00</b>
<b>MAINTENANCE EXPENSES</b>				
Window Washing	100.00	0.42	100.00	0.42
Backflow Test/Repairs	92.00	0.39	92.00	0.39
Fire Monitoring	652.88	2.77	652.88	2.77
<b>TOTAL MAINT EXPENSES</b>	<b>844.88</b>	<b>3.58</b>	<b>844.88</b>	<b>3.58</b>
<b>COMMON AREA EXPENSES</b>				
Day Porter	1,350.00	5.72	1,350.00	5.72
Park Lot Repairs/Maint	855.04	3.63	855.04	3.63
Park Lot Sweeping	461.15	1.96	461.15	1.96
Sidewalk Clean/Repairs	550.00	2.33	550.00	2.33
Landscaping/Gardening	3,639.52	15.43	3,639.52	15.43
Landscape Supplies/Plant	581.04	2.46	581.04	2.46
Landscape Misc/Removal Etc	875.00	3.71	875.00	3.71
<b>TOTAL C.A.M. EXPENSES</b>	<b>8,311.75</b>	<b>35.25</b>	<b>8,311.75</b>	<b>35.25</b>
<b>ADMINISTRATIVE EXPENSES</b>				
Management	5,100.00	21.63	5,100.00	21.63
Long Distance	0.04	0.00	0.04	0.00
Postage	109.31	0.46	109.31	0.46
Printing	66.28	0.28	66.28	0.28
Licenses/Permits	15.45	0.07	15.45	0.07
Office Supplies	144.29	0.61	144.29	0.61
Legal/Accounting	320.00	1.36	320.00	1.36
Administration Reimb	2,230.04	9.46	2,230.04	9.46
<b>TOTAL ADMINISTRATIVE</b>	<b>7,985.41</b>	<b>33.86</b>	<b>7,985.41</b>	<b>33.86</b>
<b>UTILITIES</b>				
Electricity	2,416.43	10.25	2,416.43	10.25
Trash/Refuse	1,999.40	8.48	1,999.40	8.48
Water/Sewer	0.45	0.00	0.45	0.00
Water/Landscape	2,521.76	10.69	2,521.76	10.69
<b>TOTAL UTILITIES</b>	<b>6,938.04</b>	<b>29.42</b>	<b>6,938.04</b>	<b>29.42</b>
<b>TAXES/INS/LAND LEASE</b>				

**Income Statement (Cash)**  
**LA PLAYA CALIENTE OFFICES - (playa)**  
**January 2004 - December 2004**

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	<u>Period to Date</u>	<u>%</u>	<u>Year to Date</u>	<u>%</u>
Insurance/Building	2,256.00	9.57	2,256.00	9.57
Real Estate Taxes	42.32	0.18	42.32	0.18
<b>TOTAL TAXES/INSURANCE</b>	<b>2,298.32</b>	<b>9.75</b>	<b>2,298.32</b>	<b>9.75</b>
<b>MISCELLANEOUS</b>				
<b>TOTAL OPERATING EXPENSE</b>	<b>26,378.40</b>	<b>111.86</b>	<b>26,378.40</b>	<b>111.86</b>
<b>NET OPERATING INCOME</b>	<b>-2,797.61</b>	<b>-11.86</b>	<b>-2,797.61</b>	<b>-11.86</b>
<b>OWNER/CAPITAL EXPENSES</b>				
<b>OWNER ADMINISTRATION</b>				
Legal/Accounting	50.00	0.21	50.00	0.21
<b>TOTAL OWNER EXPENSE</b>	<b>50.00</b>	<b>0.21</b>	<b>50.00</b>	<b>0.21</b>
<b>NET INCOME</b>	<b>-2,847.61</b>	<b>-12.08</b>	<b>-2,847.61</b>	<b>-12.08</b>

**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;                                   |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

**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 Michael Leed Date 4/9/07 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Michael W. Leed Signature \_\_\_\_\_

Title President Title \_\_\_\_\_

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