

STATE OF ARIZONA CORPORATION COMMISSION

CORPORATION ANNUAL REPORT

& CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE: 05/16/2019

FILING FEE: \$

PLEASE READ ALL INSTRUCTIONS. 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.

1. File # 10455834
 ODYSSEY PROFESSIONAL CENTER UNIT OWNERS ASSOCIATION
 At: VICTORIA PROPERTY MANAGEMENT LLC, 627 S 48TH ST #110, TEMPE, AZ 85281

Business Phone: Business Email Address:
 State of Domicile: AZ Type of Corporation: Domestic Nonprofit Corporation

2. Statutory Agent name and address (MUST both be in Arizona): KEN MATHIESON
 Street or physical address: 627 S 48TH STREET SUITE 110, TEMPE, AZ 85281
 Mailing (if different than street):

2.1 If appointing a new statutory agent, the new agent MUST consent to the 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. Principal Office Address (street address required; foreign corporations must complete-see Instructions):

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"/> 26. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 27. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 28. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 29. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 30. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 31. Restaurant/Retreats |
| <input type="checkbox"/> 7. Business Consulting | <input type="checkbox"/> 32. Retail Store |
| <input type="checkbox"/> 8. Chemicals | <input type="checkbox"/> 33. Restaurant/Bar |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 34. Retail Sales |
| <input type="checkbox"/> 10. Credit Collection | <input type="checkbox"/> 35. Sales/Services |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 36. Sports Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 37. Technology (Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 38. Technology (Devices) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 39. Television Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 40. Tourism Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 41. Transportation |
| <input type="checkbox"/> 17. Import Export | <input type="checkbox"/> 42. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 43. Veterinary Medicine Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 44. Other |

NON-PROFIT CORPORATIONS

- | |
|---|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Religious |
| <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. Business/Research |
| <input type="checkbox"/> 12. Hospital/Medical Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Cooperative Marketing Association |
| <input type="checkbox"/> 15. Animal Husbandry |
| <input type="checkbox"/> 16. Newspaper's Association |
| <input checked="" type="checkbox"/> 17. Professional, occupational, industrial or trade association |
| <input type="checkbox"/> 18. Other |

5. CAPITALIZATION (For-profit 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.

5.1. Authorized shares/certificates: find the number of authorized shares in the corporation's original Articles of Incorporation.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

Entity Name: ODYSSEY PROFESSIONAL CENTER UNIT OWNERS ASSOCIATION
Entity ID: 10455834

Issued shares/certificates: examine the corporation's minutes for the number of shares issued.
Number of Shares/Certificates Issued

Class

Series Within Class (if any)

6. SHAREHOLDERS (For-profit 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.

None

Name:
Name:

Name:
Name:

7. OFFICERS (both name and address required):

President: CAROLYN R MEEK - 8144 E CACTUS RD STE 840, SCOTTSDALE, AZ 85260, USA - - Date of Taking Office: ~~12/09/2016~~ 12/11/18
Secretary: MARK ROHDE - 8124 E CACTUS RD STE 410, SCOTTSDALE, AZ 85260, USA - - Date of Taking Office: ~~12/09/2016~~ 12/11/18
Treasurer: DARREN SIGRIST - 8110 E CACTUS RD STE 100, SCOTTSDALE, AZ 85260, USA - - Date of Taking Office: ~~12/09/2016~~ 12/11/18
Vice-President: BRUCE USHER - 8134 E CACTUS RD STE 600, SCOTTSDALE, AZ 85260, USA - - Date of Taking Office: 12/09/2016

8. DIRECTORS (both name and address required):

Director: MANNY DEMIGUEL - 8124 E CACTUS RD STE 420, SCOTTSDALE, AZ 85260, USA - - Date of Taking Office: ~~12/09/2016~~ 12/11/18

9. FINANCIAL DISCLOSURE (A.R.S. §10-3819) Cooperative marketing associations must submit a financial statement. All other types of corporations are not required to file a financial statement.

10. ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION - MEMBERS (A.R.S. §10-11622(A)(6)) This corporation **DOES** ☒

DOES NOT ☐ have members.

11. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-282(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

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. 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?

Entity Name: ODYSSEY PROFESSIONAL CENTER UNIT OWNERS ASSOCIATION
Entity ID: 10455834

One box must be marked: YES ☐ NO ☒

If "YES" to A, 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 birth name.
2. Full present name and prior names used.
3. Present home address.
4. All prior addresses for immediately preceding 7 year period.
5. Date and location of birth.
6. 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.

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES ☐ NO ☒

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

12. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

A. Has the corporation filed a petition for bankruptcy or appointed a receiver? (One box must be marked: YES ☐ NO ☒

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.

2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:

- (a) Name and address of each corporation;
- (b) States in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of operation.

13. SIGNATURES:

I/we declare, under penalty of perjury, 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/we further declare under penalty of perjury 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.

Printed Name: Carolyn R. Meek Printed Name: _____

Signature: Carolyn R. Meek Signature: _____

Title: President Date: 5/6/19 Title: _____ Date: _____

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