



STATE OF ARIZONA CORPORATION COMMISSION		
CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE		
		
<b>DUE ON OR BEFORE: 06/07/2020</b> <span style="float: right;"><b>FILING FEE: \$</b></span>		
<small>PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 &amp; 10-1623 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) &amp; 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.</small>		
1. <span style="float: right;">File # 13235561</span>		
SUMMIT AT CHANDLER HEIGHTS OFFICE CONDOMINIUMS		
% VICTORIA PROPERTIES MGMT LLC 627 S 48TH ST #110, TEMPE, AZ 85281		
Business Phone: <span style="float: right;">Business Email Address:</span>		
State of Domicile: AZ <span style="float: right;">Type of Corporation: Domestic Nonprofit Corporation</span>		
2. Statutory Agent name and address (MUST both be in Arizona): KEN MATHESON		
Street or physical address: %VICTORIA PROPERTIES MGMT 627 S 48TH ST #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>I (individual) or We (Corporation or limited liability company) having been designated the new Statutory Agent,</i>		
<i>do hereby consent to this appointment until my removal or resignation pursuant to law.</i>		
_____ 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.		
<b>BUSINESS CORPORATIONS</b>		<b>NON-PROFIT CORPORATIONS</b>
1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking Finance 7. Barber 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 (Computer) 32. Technology (General) 33. Television Radio 34. Tourism Convention Service 35. Transportation 36. Utilities 37. Veterinary Medicine Animal Care 38. Other	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. Cooperative Marketing Association 15. Animal Husbandry 16. Homeowner's Association 17. Professional, occupational industrial or trade association 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)

<b>Entity Name: SUMMIT AT CHANDLER HEIGHTS OFFICE CONDOMINIUMS</b>		<b>Entity ID:</b>												
13235561														
Issued shares/certificates: examine the corporation's minutes for the number of shares issued. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Number of Shares/Certificates Issued</th> <th style="width: 20%;">Class</th> <th style="width: 30%;">Series Within Class (if any)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Number of Shares/Certificates Issued	Class	Series Within Class (if any)									
Number of Shares/Certificates Issued	Class	Series Within Class (if any)												
<b>6. SHAREHOLDERS</b> (For-profit corporations and Business Trusts are <b>REQUIRED</b> 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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">None</td> <td style="width: 25%;">Name:</td> <td style="width: 25%;">Name:</td> </tr> <tr> <td> </td> <td>Name:</td> <td>Name:</td> </tr> </table>			None	Name:	Name:		Name:	Name:						
None	Name:	Name:												
	Name:	Name:												
<b>7. OFFICERS</b> (both name and address required): President: CHRISTINE HOLMES - 6285 S HIGLEY RD, GILBERT, AZ, 85298, USA - - Date of Taking Office: 12/14/2018														
<b>8. DIRECTORS</b> (both name and address required): Director: CHRISTINE HOLMES - 6285 S HIGLEY RD, GILBERT, AZ, 85298, USA - - Date of Taking Office: <del>12/09/2019</del> 12/14/18														
<b>9. FINANCIAL DISCLOSURE</b> (A.R.S. §10-2019) Cooperative marketing associations must submit a financial statement. All other types of corporations are not required to file a financial statement.														
<b>10. ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION -- MEMBERS</b> (A.R.S. §10-11622(A)(6)) This corporation <b>DOES</b> <input checked="" type="checkbox"/> DOES NOT <input type="checkbox"/> have members.														
<b>11. CERTIFICATE OF DISCLOSURE</b> (A.R.S. §§ 10-202(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?														
<b>Entity Name: SUMMIT AT CHANDLER HEIGHTS OFFICE CONDOMINIUMS</b>		<b>Entity ID:</b>												
13235561														
One box must be marked: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>														
If "YES" to A, the following information <u>must be submitted</u> 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.

Christine Holmes

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

DocuSigned by:  
Signature Christine Holmes Signature \_\_\_\_\_  
53700808F7B4ACC

Title President, Desert Shore Pediatrics Date 4/6/2020 Title \_\_\_\_\_ Date \_\_\_\_\_

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