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

RECEIVED MAR 17 2006



DUE ON OR BEFORE 05/19/2008

FY07-08

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. -1292956-5
NORTHVIEW PROFESSIONAL PLAZA OWNERS ASSOCIATION
627 S 48TH STE STE 110 % Victoria Properties MGMT, LLC
TEMPE, AZ 85281

RECEIVED

Business Phone: 480-803-6701

(Business phone is optional.)

MAY 05 2008

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

2. Statutory Agent: ~~GRAN ANDERSON~~ *Brenda Lundy*
Mailing Address: 10105 E VIA LINDA STE 103-103 Physical Address: 9318 E 95TH WAY STE A-109
City, State, Zip: SCOTTSDALE, AZ 85258 City, State, Zip: SCOTTSDALE, AZ 85258

ACC USE ONLY

Fee \$ _____
Penalty \$ _____
Reinstate \$ _____
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.

Signature of new Statutory Agent

Printed Name of new Statutory Agent *Brenda Lundy*

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

I. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|------------------------|-------------------------------------|
| 1. Accounting | 20. Manufacturing |
| 2. Advertising | 21. Mining |
| 3. Aerospace | 22. News Media |
| 4. Agriculture | 23. Pharmaceutical |
| 5. Architecture | 24. Publishing/Printing |
| 6. Banking/Finance | 25. Raising/Livestock |
| 7. Barbers/Cosmetology | 26. Real Estate |
| 8. Construction | 27. Restaurant/Bar |
| 9. Contractor | 28. Retail Sales |
| 10. Credit/Collection | 29. Science/Research |
| 11. Education | 30. Sports/Sporting Events |
| 12. Engineering | 31. Technology/Computers |
| 13. Entertainment | 32. Technology(General) |
| 14. General Consulting | 33. Television/Radio |
| 15. Health Care | 34. Tourism/Convention Services |
| 16. Hotel/Motel | 35. Transportation |
| 17. Import/Export | 36. Utilities |
| 18. Insurance | 37. Veterinary Medicine/Animal Care |
| 19. Legal Services | 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 _____ |

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)

N/A

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)

N/A

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 Type or Print Clearly.**

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: Brendan Lundy Name: _____

Title: President Title: _____

Address: 10105 E. Via Linda Drive, Ste. 103 Address: _____
Scottsdale, AZ 85258

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Brendan Lundy Name: _____

Address: 10105 E. Via Linda Drive, Ste. 103 Address: _____
Scottsdale, AZ 85258

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Northview Professional Plaza Owners Association

Balance Sheet At November 30, 2007

	-Current Month-	- Prior Month-	- Net Change -
ASSETS			
=====			
CURRENT ASSETS			
Operating Account	\$ 2,845.23	\$ 5,004.18	\$ (2,158.95)
M/M Reserve Account	52,880.76	52,770.68	110.08
Accounts Receivable	0.00	25.00	(25.00)
	-----	-----	-----
Total Current Assets	\$ 55,725.99	\$ 57,799.86	\$ (2,073.87)
OTHER ASSETS			
	-----	-----	-----
	-----	-----	-----
TOTAL ASSETS	\$ 55,725.99	\$ 57,799.86	\$ (2,073.87)
=====	=====	=====	=====
CURRENT LIABILITIES			
	-----	-----	-----
LONG TERM LIABILITIES			
	-----	-----	-----
	-----	-----	-----
Reserve -Cap. Imprvmnts	52,447.50	52,447.50	0.00
Current Year Earnings	3,278.49	5,352.36	2,073.87
	-----	-----	-----
Total Equity	\$ 55,725.99	\$ 57,799.86	\$ 2,073.87
	-----	-----	-----
Total Liabilities& Equity	\$ 55,725.99	\$ 57,799.86	\$ 2,073.87
=====	=====	=====	=====

Northview Professional Plaza Owners Association

**Statement of Operations
For The Month Ended November 30, 2007**

	CURRENT PERIOD	YEAR TO DATE
Monthly Assessments	\$ 7,569.93	\$ 29,545.22
Declarant Assessments	2,411.31	39,031.96
Initial Working Capital	0.00	15,139.86
Late Fees	0.00	25.00
Other Income	0.00	1,400.00
Reserve M/M Interest	110.08	433.26
	-----	-----
Total Income	\$ 10,091.32	\$ 85,575.30
	-----	-----
RESERVE TRANSFERS		
	-----	-----
	-----	-----
OPERATING EXPENSES		
Courier/Freight/Postage	0.00	41.34
Garbage Removal	376.00	1,696.00
Window Washing	0.00	844.00
Pest Control	0.00	390.00
Parking Lot Sweeping	150.00	375.00
Janitorial	589.04	3,509.70
Janitorial Supplies	283.79	2,046.12
Copies	0.00	28.76
Locksmith / Keys	0.00	16.97
Prop Maint/Landscaping	1,125.00	5,625.00
Landscaping Other	157.61	5,004.08
Day Porter Services	387.50	1,937.50
Project Set Up Fee	0.00	500.00
Property Management	1,800.00	9,000.00
Bank Fees	0.00	195.44
R&M Elevator Maintenance	149.59	747.95
R&M - HVAC	0.00	1,420.35
R&M - Other	43.00	1,159.81
R&M - Plumbing-BackFlow	0.00	52.50
Exterior Lights	0.00	314.00
Taxes & Licenses	0.00	120.00
Security Fire Alarms	0.00	1,127.52
Security Guard Service	390.00	1,560.00
Electricity	4,915.14	35,487.58
Telephone	91.42	457.12
Water / Sewer	1,707.10	8,640.07
	-----	-----
Total Operating Expenses	\$ 12,165.19	\$ 82,296.81
	-----	-----
NET OPERATING INCOME	\$ (2,073.87)	\$ 3,278.49
	-----	-----

Northview Professional Plaza Owners Association

Statement of Operations
For The Month Ended November 30, 2007

RESERVE CAPITAL EXPENSES	CURRENT PERIOD	YEAR TO DATE
	-----	-----
	-----	-----
Net Income	\$ (2,073.87)	\$ 3,278.49
	=====	=====

Please Enter Corporation Name: _____ File number _____ Page 3

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

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 X Brenta Jones Date X 1/28/05 Name _____ Date _____

Signature X Signature _____

Title X MD/CEO Title _____

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