


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90053 039 \*\*\*\*61.25

**DOCUMENT # N05000009241**

1. Entity Name  
**WESTROADS COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1750 S BRENTWOOD SUITE 701  
 BRENTWOOD, MO 63144**

Mailing Address  
**1750 S BRENTWOOD SUITE 701  
 BRENTWOOD, MO 63144**

90041000



2. Principal Place of Business - No P.O. Box #  
*6000 Sandtree Drive*

3. Mailing Address  
*6000 Sandtree Drive*

Suite, Apt. #, etc.  
*Suite 109*

Suite, Apt. #, etc.  
*Suite 109*

03082007 Chg-NP CR2E037 (12/06)

City & State  
*Palm Beach Gardens, FL*

City & State  
*Palm Beach Gardens, FL*

Zip  
*33403*

Country  
*U.S.A.*

Zip  
*33403*

Country  
*U.S.A.*

4. FEI Number  
**20-3470051**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>EDGAR, CHARLES W</b> 8409 N MILITARY TRAIL SUITE 123 PALM BEACH GARDENS, FL 33410		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINK, THOMAS 1750 S BRENTWOOD SUITE 701 BRENTWOOD, MO 63144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLSTE, STEVE 1750 S BRENTWOOD SUITE 701 BRENTWOOD, MO 63144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLSTE, STEVE 1750 S BRENTWOOD SUITE 701 BRENTWOOD, MO 63144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cook, Jeff 1750 S. Brentwood, Suite 701 Brentwood, Mo. 63144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/23/07* Daytime Phone #: *(564) 624-5888*

*Thomas Fink President*