
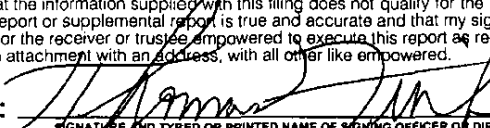


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90030 049 ****61.25

DOCUMENT # N05000009241					
1. Entity Name WESTROADS COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 600 SANDTREE DRIVE SUITE 109 PALM BEACH GARDENS, FL 33403			Mailing Address 600 SANDTREE DRIVE SUITE 109 PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3470051	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDGAR, CHARLES W 8409 N MILITARY TRAIL SUITE 123 PALM BEACH GARDENS, FL 33410			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, THOMAS		NAME		
STREET ADDRESS	1750 S BRENTWOOD SUITE 701		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD, MO 63144		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSTE, STEVE		NAME	Shashi Setty	
STREET ADDRESS	1750 S BRENTWOOD SUITE 701		STREET ADDRESS	4129 Westroads Drive Suite 225	
CITY-ST-ZIP	BRENTWOOD, MO 63144		CITY-ST-ZIP	Riviera Beach, FL 33407	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSTE, STEVE		NAME		
STREET ADDRESS	1750 S BRENTWOOD SUITE 701		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD, MO 63144		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JEFF		NAME		
STREET ADDRESS	1750 S. BRENTWOOD, SUITE 701		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD, MO 63144		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 report 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 like empowered.					
SIGNATURE: 		Thomas Fink		2/22/08 (521) 624-5858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	