


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
08 AUG 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 EDGAR, CHARLES W 8409 N MILITARY TRAIL SUITE 123 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name <u>Donna McDonald</u> Street Address (P.O. Box Number is Not Acceptable) <u>c/o Capital Realty Advisors, Inc.</u> <u>600 Sandtree Dr., #109</u> City <u>Palm Beach Gardens</u> FL Zip Code <u>33403</u>		
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 <u>Donna McDonald</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>8/15/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FINK, THOMAS 1750 S BRENTWOOD SUITE 701 BRENTWOOD, MO 63144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Fink, Thomas 1750 S Brentwood Suite 701 Brentwood Missouri 63144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHASHI, SETTY 4128 WESTWOODS DRIVE SUITE 225 RIVIERA BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Setty, Shashi 4128 Westwoods Drive Suite 225 Riviera Beach FL 33407 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President APPLE, Richard 4188 Westroads Drive Suite 125 Riviera Beach FL 33407 <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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700135603327 09/09/08--01027--012 **61.25 <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		
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: <u>Shashi Setty</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>8/11/08</u> <small>Date</small>	

M. 8/26