

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90007 017 \*\*\*\*70.00

**DOCUMENT # N96000000974**

1. Entity Name  
**WESTPOINTE BUSINESS PARK ASSOCIATION, INC.**



Principal Place of Business  
**3526 SPOTTSWOOD AVE.  
SUITE 500  
MEMPHIS, TN 38111**

Mailing Address  
**3526 SPOTTSWOOD AVE.  
SUITE 500  
MEMPHIS, TN 38111**

**44049635**



07152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0747927</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ALTMAN, STUART H  
100 SE 2ND ST  
17TH FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WILLINGHAM, ROBERT
STREET ADDRESS	3526 SPOTTSWOOD AVE.
CITY-ST-ZIP	MEMPHIS, TN 38111

TITLE	DV
NAME	ABREU, CID
STREET ADDRESS	8805 NW 35TH LANE
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	S
NAME	MESA, ROLANDO
STREET ADDRESS	3511 NW 91ST AVE.
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	DV
NAME	WILLINCHAM, ROBERT
STREET ADDRESS	3526 SPOTTSWOOD AVE.
CITY-ST-ZIP	MEMPHIS, TN 38111

TITLE	D
NAME	JACAVINO, RICHARD
STREET ADDRESS	801 GRAND AVE.
CITY-ST-ZIP	DES MOINES, IA 50392

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

**Robert Willingham**

**07/15/2004**

**(305)593-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #