


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N9600000974 1. Entity Name WESTPOINTE BUSINESS PARK ASSOCIATION, INC.	
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Principal Place of Business 3526 SPOTTSWOOD AVE. SUITE 500 MEMPHIS, TN 38111	Mailing Address 10165 NW 19TH STREET MIAMI, FL 33172
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04082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent DOTSEN, AL 200 S BISCAYNE # 2500 MIAMI, FL 33131
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$81.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLINGHAM, ROBERT 3526 SPOTTSWOOD AVE. MEMPHIS, TN 38111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABREU, CID 8805 NW 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MESA, ROLANDO 3511 NW 91ST AVE. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLINCHAM, ROBERT 3526 SPOTTSWOOD AVE. MEMPHIS, TN 38111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACAVINO, RICHARD 801 GRAND AVE. DES MOINES, IA 50392
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000539748
05/09/06-80111-021 70.00

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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 as appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward W. Easton APR 27 2006 305-593-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #