

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764825

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** WEST HILLS OFFICE PLAZA ASSOCIATION, INC.

**Current Principal Place of Business:**

625 NW 60TH ST  
A+B+C  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3105 SW 5TH CT  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 59-2878930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASSISI, ELAYNE E MD  
3105 SW 5TH CT  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: CASSISI, ELAYNE E  
Address: 3105 SW 5TH CT  
City-St-Zip: GAINESVILLE, FL 32601

Title: P ( ) Delete  
Name: SIEBEIN, GARY W  
Address: 625 C NW 60TH ST  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAYNE CASSISI

ST

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date