

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-02-2007 90059 035 ****61.25

DOCUMENT # N06000009317					
1. Entity Name WESTSIDE BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6973 HIGHWAY AVENUE #110 JACKSONVILLE, FL 32254			Mailing Address 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256		
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 20-1409155	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROPERTY SERVICES, INC. 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL FL 32-256			7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	P TRECOTT, RAYMOND 6973 HIGHWAY AVENUE #110 JACKSONVILLE, FL 32254		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Trescot, Raymond 6973 Highway Avenue, #110 Jacksonville, FL 32254	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BUFORD, LISA 5260 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Killian, Dave 6973 Highway Avenue, #108 Jacksonville, FL 32254	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GINN, DAVID 10459 SYLVAN LANE WEST JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Borchert, Dan 6973 Highway Avenue, #303 Jacksonville, FL 32254	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Rafael, Tracy 6973 Highway Avenue, #201 Jacksonville, FL 32254	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rosenmund, Michael 4450 Blackburn Street Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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: <i>David W. Furest Sr.</i> Agent			3-27-07		904-731-9500 Ext 403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #