

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009317

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** WESTSIDE BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6973 HIGHWAY AVENUE  
#110  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

8641 BAYPINE ROAD  
SUITE 1  
JACKSONVILLE, FL 32256

**New Mailing Address:**

C/O IMS, 7643 GATE PARKWAY  
SUITE 104, PMB-153  
JACKSONVILLE, FL 32256

**FEI Number:** 20-1409155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PROPERTY SERVICES, INC.  
8641 BAYPINE ROAD  
SUITE 1  
JACKSONVILLE, FL FL 32256 US

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

INNOVATIVE MGMT. SOLUTIONS OF JACKSONVILLE  
3827 MIRUELO CIRCLE NORTH  
JACKSONVILLE, FL FL 32217 US

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: DAVID W. FORET, SR.

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRESCOT, RAYMOND  
Address: 6973 HIGHWAY AVENUE #110  
City-St-Zip: JACKSONVILLE, FL 32254

Title: V ( ) Delete  
Name: KILLIAN, DAVE  
Address: 6973 HIGHWAY AVE #108  
City-St-Zip: JACKSONVILLE, FL 32254

Title: T ( ) Delete  
Name: BORCHER, DAN  
Address: 6973 HIGHWAY AVE #303  
City-St-Zip: JACKSONVILLE, FL 32254

Title: S ( ) Delete  
Name: RAFAEL, TRACY  
Address: 6973 HIGHWAY AVENUE #201  
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete  
Name: ROSEMUND, MICHAEL  
Address: 4450 BLACKBURN STREET  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: V (X) Change ( ) Addition  
Name: GRANDIN, MARK  
Address: 2317 HERSCHEL STREET  
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: S (X) Change ( ) Addition  
Name: STEVENSON, PAUL  
Address: 5139 EDGEWOOD COURT  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change ( ) Addition  
Name: ROSEMUND, MICHAEL  
Address: 4450 BLACKBURN STREET  
City-St-Zip: JACKSONVILLE, FL 32204

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: RAY TRESCOT

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date