

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42488

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** WESTSIDE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% HAROLD R MCBRIDE  
1956 41ST AVENUE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

% HAROLD R MCBRIDE  
1956 41ST AVENUE  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-3497503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEITH GROVE, THOMAS  
1956 41ST AVENUE  
SUITE A  
VERO BEACH, FL 32960 US

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

KEITH GROVE, THOMAS  
1880 37TH STREET  
SUITE 3  
VERO BEACH, FL 32960 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:

04/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROQUE, LOUIS  
Address: 1956 41ST AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: SD ( ) Delete  
Name: MCBRIDE, HAROLD R  
Address: 1956 41ST AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete  
Name: GROVE, T. KEITH  
Address: 1956 41ST AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: MD ( ) Delete  
Name: ROQUE, HILDA R  
Address: 1956- 41ST AVE  
City-St-Zip: VERO BEACH, FL 32960

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

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

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

Title: VD (X) Change ( ) Addition  
Name: GROVE, T. KEITH  
Address: 1880 37TH STREET SUITE 3  
City-St-Zip: VERO BEACH, FL 32960

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD MCBRIDE

SD

04/27/2006

Electronic Signature of Signing Officer or Director

Date