

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42488

FILED
Apr 29, 2008
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
1880 37TH STREET
SUITE 3
VERO BEACH, FL 32960 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: 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: 1880 37TH STREET SUITE 3
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: () 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: DR. HAROLD R. MCBRIDE, JR.

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04/29/2008

Electronic Signature of Signing Officer or Director

Date