

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90020 008 \*\*\*\*61.25

<b>DOCUMENT # N93000005622</b>					
<b>1. Entity Name</b> WESTLINKS BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 24301 WALDEN CENTER DRIVE., STE 300 BONITA SPRINGS, FL 34134			<b>Mailing Address</b> 24301 WALDEN CENTER DRIVE., STE 300 BONITA SPRINGS, FL 34134		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8409 No. Military Trl, Ste 123 Suite, Apt. #, etc. c/o Cheery, Edgar & Smith, PA			
<b>City &amp; State</b>  City & State Palm Beach Gardens, FL		<b>4. FEI Number</b> 65-0572217		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33410	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE., STE 300 BONITA SPRINGS, FL 34134			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">FL Zip Code</div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to: Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD <b>NAME</b> KEITH, SYLVIA <b>STREET ADDRESS</b> 2020 CLUBHOUSE DR. <b>CITY-ST-ZIP</b> SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> CALDWELL, DAVID <b>STREET ADDRESS</b> 24301 WALDEN CENTER DRIVE <b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> Caldwell, David <b>STREET ADDRESS</b> 24301 Walden Center Dr. <b>CITY-ST-ZIP</b> Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> BOYD, CONNIE <b>STREET ADDRESS</b> 24301 WALDEN CENTER DR <b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Dvoroznak, Brian <b>STREET ADDRESS</b> 24301 Walden Center Dr. <b>CITY-ST-ZIP</b> Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			4/23/08 239 390-3836 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					