

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010358

**Entity Name:** WESTSIDE INDUSTRIAL PARK OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**7964423281CC**

**Current Principal Place of Business:**

5170 PEACHTREE ROAD  
BUILDING 100 SUITE 400  
ATLANTA, GA 30341

**Current Mailing Address:**

5170 PEACHTREE ROAD  
BUILDING 100 SUITE 400  
ATLANTA, GA 30341 US

**FEI Number: 82-4377506**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           PORBANDARWALA, MAZEEN  
Address        5170 PEACHTREE ROAD  
                  BUILDING 100 SUITE 400  
City-State-Zip: ATLANTA GA 30341

Title           PRESIDENT  
Name           FARMER, CASEY  
Address        5170 PEACHTREE ROAD  
                  BUILDING 100 SUITE 400  
City-State-Zip: ATLANTA GA 30341

Title           ASST. SECRETARY  
Name           KAAS, BUZZ  
Address        5170 PEACHTREE ROAD  
                  BUILDING 100 SUITE 400  
City-State-Zip: ATLANTA GA 30341

Title           SECRETARY  
Name           KERMAN, MICHAEL G  
Address        5170 PEACHTREE ROAD  
                  BUILDING 100 SUITE 400  
City-State-Zip: ATLANTA GA 30041

Title           DIRECTOR  
Name           HARRISON, JOSHUA W  
Address        5170 PEACHTREE ROAD  
                  BUILDING 100 SUITE 400  
City-State-Zip: ATLANTA GA 30341

*I hereby 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 all other like empowered.*

**SIGNATURE: BUZZ KAAS**

**ASST SECRETARY**

**01/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date