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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34609 (0)
1. Corporation Name
W.H. MAINTENANCE ASSOCIATION, INC.



Principal Place of Business 1205 ARVIDA PKWY BLDG 5 FORT LAUDERDALE FL 33326 US	Mailing Address 1205 ARVIDA PKWY BLDG 5 FORT LAUDERDALE FL 33327-1700 US
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3. Date Incorporated or Qualified 10/11/1989	3a. Date of Last Report 06/21/1996
4. FEI Number 65-0164806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

**MESEROLL, DAVID
1205 ARVIDA PKWY, BLDG 5
PENTHOUSE SUITE
FORT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33327
83	
84 City Weston	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MESEROLL, DAVID B. JR.	
STREET ADDRESS	1200 WESTON ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PASKOW, RAY	
STREET ADDRESS	1200 WESTON ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SIEGAL, THOMAS	
STREET ADDRESS	1200 WESTON ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1205 ARVIDA PKWY	
1.4 CITY-ST-ZIP	Weston FL 33327	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leslie Snavely	
2.3 STREET ADDRESS	1205 Arvida Pkwy	
2.4 CITY-ST-ZIP	Weston FL 33327	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1205 ARVIDA PKWY	
3.4 CITY-ST-ZIP	Weston FL 33327	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie Snavely **SIGNATURE REQUIRED** 4/21/97 954-349-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037428

CR2E037 (9/96)