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FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortfiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34609 (0)  
1. Corporation Name  
W.H. MAINTENANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1205 ARVIDA PKWY BLDG 5 FORT LAUDERDALE FL 33326 US  
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3. Date Incorporated or Qualified 10/11/1989  
4. FEI Number 65-0164806 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

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 MR. JOHN BARIC  
82 Street Address (P.O. Box Number is Not Acceptable) 7900 GLADES RD  
83  
84 City BOCA RATON FL 85 Zip Code 33434

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 *John Baric* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PRESIDENT
NAME	MESEROLL, DAVID B. JR.	1.2 NAME	RONALD CAPITENA
STREET ADDRESS	1205 ARVIDA PKWY	1.3 STREET ADDRESS	1205 ARVIDA PKWY
CITY-ST-ZIP	WESTON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33326
TITLE	PO	2.1 TITLE	VICE PRESIDENT
NAME	SNAVELY, LESLIE	2.2 NAME	LESLIE SNAVELY
STREET ADDRESS	1205 ARVIDA PKWY	2.3 STREET ADDRESS	1205 ARVIDA PKWY
CITY-ST-ZIP	WESTON FL	2.4 CITY-ST-ZIP	WESTON, FL 33327
TITLE	STD	3.1 TITLE	
NAME	SIEGAL, THOMAS	3.2 NAME	
STREET ADDRESS	1205 ARVIDA PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Ronald Capitena* RONALD CAPITENA 8/2/98 (954) 349-8126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037808

CR2E037 (10/97)