

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

0046353

DOCUMENT # N34609

1. Entity Name

W.H. MAINTENANCE ASSOCIATION, INC.

03-22-2001 90069 008 ****61.25

Principal Place of Business

Mailing Address

1205 ARVIDA PKWY
 BLDG 5
 FORT LAUDERDALE FL 33326
 US

1205 ARVIDA PKWY
 BLDG 5
 FORT LAUDERDALE FL 33326
 US

2. Principal Place of Business

2900 GLADES CIR

3. Mailing Address

2900 GLADES CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0164806

Applied For

Not Applicable

Zip

33327

Country

Zip

33327

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARIC, JOHN M
7900 GLADES RD
BOCA RATON FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE Delete
 NAME **PD**
 STREET ADDRESS **CAPITENA, RONALD**
 CITY-ST-ZIP **1205 ARVIDA PKWY**
BOCA RATON FL 33326

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **SNAVELY, LESLIE**
 CITY-ST-ZIP **1205 ARVIDA PKWY**
WESTON FL 33327

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
 STREET ADDRESS **SIEGAL, THOMAS**
 CITY-ST-ZIP **1205 ARVIDA PKWY**
WESTON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON CAPITENA

3/18/01

(954) 374-8126

Daytime Phone #

CR2E037 (10/00)