

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90257 006 ****61.25



DOCUMENT # N34609
 1. Entity Name
W.H. MAINTENANCE ASSOCIATION, INC.

Principal Place of Business
 % 2900 GLADES CIRCLE
 WESTON, FL 33327 US

Mailing Address
 % 2900 GLADES CIRCLE
 WESTON, FL 33327 US



2. Principal Place of Business
90 CASTLE MANAGEMENT
 Suite, Apt. #, etc.
4450 W. SUNRISE BLVD

3. Mailing Address
P.O. Box 189013
 Suite, Apt. #, etc.

02172004 Chg-NP CR2E037 (10/03)

City & State
PLANTATION, FL

City & State
PLANTATION, FL

Zip
33313 Country

Zip
33318 Country

4. FEI Number
65-0164806

Applied For
 Not Applicable

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	
BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312-6525		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEVY, DEBI			NAME	IANNAZONE, RALPH		
STREET ADDRESS	3236 HUNTINGTON DR			STREET ADDRESS	2524 MONTCLAIRE CIR.		
CITY-ST-ZIP	WESTON, FL 33332			CITY-ST-ZIP	WESTON, FL 33332		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKLEY, RICHARD			NAME			
STREET ADDRESS	2527 JARDIN DR			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAUBERT, ALAN			NAME			
STREET ADDRESS	2650 OAKMONT DR			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33332			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINER, LEE			NAME			
STREET ADDRESS	2673 OAKBROOK DR			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33332			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBBINS, ALAN			NAME			
STREET ADDRESS	1807 VICTORIA POINTE CR			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TINKLER, HERB			NAME			
STREET ADDRESS	2509 BAY ISLE DR			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327			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)(l), 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: Deborah Levy **4/11/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #