
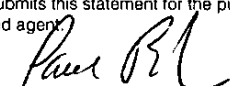
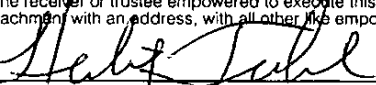


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90198 001 ***183.75

DOCUMENT # N34609					
1. Entity Name W.H. MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US			Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0164806 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 BAKALAR & EICHNER PA	
				Street Address (P.O. Box Number is Not Acceptable) 150 SOUTH PINE ISLAND ROAD WEST SIDE CORPORATE CENTER STE 540	
				City PLANTATION FL Zip Code 33324	
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 				DATE 5/21/07	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVY, DEBI	NAME			
STREET ADDRESS	3236 HUNTINGTON 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	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	WETTLAUER, BILL	NAME			
STREET ADDRESS	2673 OAKBROOK DR	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP			
TITLE	VPD <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 exemptions contained in Chapter 119, 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 fees empowered.					
SIGNATURE: 				Date 5-16-07 Daytime Phone # 954-384-1267	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

66016688

