

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N34609

Entity Name: W.H. MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 333559009 US

New Mailing Address:

FEI Number: 65-0164806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER PA
150 S PINE ISLAND RD
W SIDE CORP CENTER STE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVY, DEBI
Address: 3236 HUNTINGTON DR
City-St-Zip: WESTON, FL 33332

Title: D () Delete
Name: BUCKLEY, RICHARD
Address: 2527 JARDIN DR
City-St-Zip: WESTON, FL 33327

Title: SD () Delete
Name: GRAUBERT, ALAN
Address: 2650 OAKMONT DR
City-St-Zip: WESTON, FL 33332

Title: TD () Delete
Name: WEINER, LEE
Address: 2673 OAKBROOK DR
City-St-Zip: WESTON, FL 33332

Title: D () Delete
Name: WETTLAUFER, BILL
Address: 2673 OAKBROOK DR
City-St-Zip: WESTON, FL 33327

Title: VPD () Delete
Name: TINKLER, HERB
Address: 2509 BAY ISLE DR
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

02/24/2009

Electronic Signature of Signing Officer or Director

Date