

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34609

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC8636772696**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O CASTLE GROUP  
12270 SW 3RD STREET 200  
PLANTATION, FL 33325 US

**FEI Number:** 65-0164806

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAKALAR AND ASSOCIATES  
150 S. PINE ISLAND ROAD  
#540  
PLANTATION, FL 33324 US

*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:** MICHAEL BAKALAR

03/09/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TRINKLER , HERB  
Address        2509 BAY ISLES DRIVE  
City-State-Zip: WESTON FL 33332

Title            VP  
Name            URENA, PANCHO  
Address        1859 HARBOR POINTE  
City-State-Zip: WESTON FL 33332

Title            TREASURER  
Name            WIENER, LEE  
Address        2673 OAKBROOK COURT  
City-State-Zip: WESTON FL 33332

Title            DIRECTOR  
Name            LITTLE, LAURIE  
Address        2613 OAKBROOK COURT  
City-State-Zip: WESTON FL 33327

Title            DIRECTOR  
Name            SILVER, MICHAEL  
Address        1482 VICTORIA ISLE DRIVE  
City-State-Zip: WESTON FL 33332

*I hereby 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 all other like empowered.*

**SIGNATURE:** HERB TRINKLER

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date