

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34609

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

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC6596637346**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O CASTLE GROUP  
P.O. BOX 559009  
FORT LAUDERDALE, FL 33355-9009 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**

**03/12/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GALLAGHER, CLAIRE  
Address        2614 OAKMONT DRIVE  
City-State-Zip: WESTON FL 33332

Title            VP  
Name            MILLER, JOHN  
Address        2717 OAKMONT COURT  
City-State-Zip: WESTON FL 33332

Title            TREASURER  
Name            GOLDSTEIN, BOB  
Address        2712 OAKMONT COURT  
City-State-Zip: WESTON FL 33332

Title            SECRETARY  
Name            RANGEL, KIMBERLEY  
Address        2709 OAKMONT COURT  
City-State-Zip: WESTON FL 33327

Title            D  
Name            JOSEPH, SHARI  
Address        2634 OAKMONT DRIVE  
City-State-Zip: WESTON FL 33327

*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: CLAIRE GALLAGHER**

**PRESIDENT**

**03/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date