2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24459

FILED Apr 29, 2009 Secretary of State

Entity Name: WEST SEVENTEEN MAINTENANCE CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7104 NW 76 DRIVE C/O MICHAEL SHOST TAMARAC, FL 33321

6900 NW 70 AVENUE TAMARAC, FL 33321

Current Mailing Address:

New Mailing Address:

7104 NW 76 DRIVE C/O MICHAEL SHOST TAMARAC, FL 33321

6900 NW 70 AVE TAMARAC, FL 33321

FEI Number: 65-0025316

FEI Number Applied For () FEI Number Not Applicable ()

Title:

City-St-Zip:

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHOST, MICHAEL 7104 NW 76 DRIVE MANTESTA, JOHN 6900 NW 70TH AVE

TAMARAC, FL 33321 US

US TAMARAC, FL 33321

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: JOHN MANTESTA

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

TSD () Delete WEIZENECKER, JEAN M Name: 7618 NW 71ST AVE Address: City-St-Zip:

(X) Change () Addition WAXMAN, LEWIS E Name: Address: 6900 NW 70 AVE TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: PD () Delete SHOST, MICHAEL Name: Address: 7104 NW 76 DRIVE

Name: SMITH, BOB Address: 6900 NW 70TH AVE

City-St-Zip: TAMARAC, FL 33321

TAMARAC, FL 33321 Title: () Change (X) Addition

Title: () Delete Name:

MANTESTA, JOHN Name: Address: 6900 NW 70TH AVE City-St-Zip: TAMARAC, FL 33321

VPD

City-St-Zip: Title: () Delete

Title: SD () Change (X) Addition

Name: Address: City-St-Zip:

Address:

SINCLAIRE, LAJEANNE Name: 6900 NW 70TH AVE Address: City-St-Zip: TAMARAC, FL 333211

Title: () Delete Title: () Change (X) Addition GREENWALD, CAROL

6900 NW 70TH AVE

TAMARAC, FL 33321

Name: Name: Address: Address: City-St-Zip: 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: LEWIS E. WAXMAN PD 04/29/2009