

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90510 012 ****61.25

DOCUMENT # 714442

1. Entity Name

THE WAYNE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1160 99TH STREET
 BAY HARBOR ISLANDS FL 33154

1160 99TH STREET
 BAY HARBOR ISLANDS FL 33154

CU024289



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-4442230

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVERETT, ALIDA C.
1160 99 STREET, APT. 2
BAY HARBOR ISLANDS FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Alida C. Everett error No change

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **CAPUANO, ROBERT**
 STREET ADDRESS **53 CAIN DR**
 CITY-ST-ZIP **VALPARISO IN**

TITLE **D** Change Addition
 NAME **SUSAN CRUZ**
 STREET ADDRESS **1160 99 ST**
 CITY-ST-ZIP **BAY HARBOR ISL FL 33154**

TITLE **APD** Delete
 NAME **WEINER, MICKEY**
 STREET ADDRESS **1160 99 ST**
 CITY-ST-ZIP **BAY HARBOR ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASTD** Delete
 NAME **EVERETT, ALIDA C.**
 STREET ADDRESS **1160 99 ST**
 CITY-ST-ZIP **BAY HARBOR ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:

Alida C. Everett

ALIDA C. EVERETT

2-17-01

305 864 2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)