


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 714442</b> 1. Entity Name <b>THE WAYNE CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>1160 99TH STREET BAY HARBOR ISLANDS FL 33154</b>	Mailing Address <b>1160 99TH STREET BAY HARBOR ISLANDS FL 33154</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>71-4442230</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
Country	Country	1st MOORE CR2E037 (10/04)

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>APD WEINER, MICKEY</b> <input type="checkbox"/> Delete <b>1160 99 ST BAY HARBOR ISLAND FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASTD EVERETT, ALIDA C.</b> <input type="checkbox"/> Delete <b>1160 99 ST BAY HARBOR ISLAND FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CRUZ, SUSAN</b> <input type="checkbox"/> Delete <b>1160 99 ST BAY HARBOR ISL FL 33154</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000250182</b> <b>03/03/05-80032-025 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3-1-5 864-258-305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #