


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 714442
 1. Entity Name
THE WAYNE CONDOMINIUM, INC.



Principal Place of Business Mailing Address
1160 99TH STREET **1160 99TH STREET**
BAY HARBOR ISLANDS, FL 33154 **BAY HARBOR ISLANDS, FL 33154**



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
71-4442230 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EVERETT, ALIDA C.
1160 99 STREET, APT. 2
BAY HARBOR ISLANDS, FL 33154

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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 _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	APD
NAME	WEINER, MICKEY
STREET ADDRESS	1160 99 ST
CITY - ST - ZIP	BAY HARBOR ISLAND, FL
TITLE	ASTD
NAME	EVERETT, ALIDA C.
STREET ADDRESS	1160 99 ST
CITY - ST - ZIP	BAY HARBOR ISLAND, FL
TITLE	D
NAME	CRUZ, SUSAN
STREET ADDRESS	1160 99 ST
CITY - ST - ZIP	BAY HARBOR ISL, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000389991
 01/23/06-80007-014 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1-12-06 864-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #