

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# 714442

Entity Name: THE WAYNE CONDOMINIUM, INC.

**Current Principal Place of Business:**

1160 99TH STREET  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

1160 99TH STREET  
#1  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

1160 99TH STREET  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

1160 99TH STREET  
#1  
BAY HARBOR ISLANDS, FL 33154

FEI Number: 71-4442230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: APD ( ) Delete  
Name: WEINER, MICKEY,  
Address: 1160 99 ST  
City-St-Zip: BAY HARBOR ISLAND, FL

Title: ASTD ( ) Delete  
Name: EVERETT, ALIDA C.,  
Address: 1160 99 ST  
City-St-Zip: BAY HARBOR ISLAND, FL

Title: D ( ) Delete  
Name: CRUZ, SUSAN  
Address: 1160 99 ST  
City-St-Zip: BAY HARBOR ISL, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MICKEY WEINER

APD

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date