

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 10:15

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40419 (6)

1. Corporation Name

THE WAVES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9455 COLLINS AVE
OFFICE
SURFSIDE FL 33154
US**

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OFFICE
SURFSIDE FL 33154
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/16/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0305088** Applied For ☐
Not Applicable ☒

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUPRASKI, LOUIS A.
BISCAYNE CENTRE, SUITE 760
11900 BISCAYNE BLVD.
MIAMI FL 33181**

81 Name **Roberts Management & Realty Co.**
82 Street Address (P.O. Box Number is Not Acceptable) **1885 NE 149th Street**
83
84 City **North Miami, FL** 85 Zip Code **33181**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TP
NAME	DINATALE, BEN
STREET ADDRESS	9455 COLLINS AVE #904
CITY-STATE-ZIP	SURFSIDE FL
TITLE	VP
NAME	LOUIS MAYERS
STREET ADDRESS	9455 COLLINS AVE #PH5
CITY-STATE-ZIP	SURFSIDE FL
TITLE	Ethelyn Lieblich
NAME	9455 COLLINS AVE - 404
STREET ADDRESS	SURFSIDE FL
CITY-STATE-ZIP	SURFSIDE FL
TITLE	S
NAME	Ted Solodovnick
STREET ADDRESS	9455 COLLINS AVENUE - PH10
CITY-STATE-ZIP	SURFSIDE FL
TITLE	D
NAME	Harold Engelstein
STREET ADDRESS	9455 COLLINS AVE #506
CITY-STATE-ZIP	SURFSIDE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN DINATALE 305-947-3999