

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N40419 (6)**

1. Corporation Name
THE WAVES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9455 COLLINS AVE OFFICE SURFSIDE FL 33154 US	Mailing Address 9455 COLLINS AVE OFFICE SURFSIDE FL 33154 US
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3. Date Incorporated or Qualified 10/16/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0305088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent ROBERTS MANAGEMENT & REALTY CO 1885 NE 140TH ST 1900 BISCAYNE BLVD. N MIAMI FL 33181	10. Name and Address of New Registered Agent 81 Name ROBERTS MANAGEMENT & REALTY CO., INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1840 NE 153rd Street 83 84 City North Miami Beach, FL 85 Zip Code 33162
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINATALE, BEN	12 NAME	
STREET ADDRESS	9455 COLLINS AVE #904	13 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	14 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYERS, LOUIS	22 NAME	
STREET ADDRESS	9455 COLLINS AVE PH5	23 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	24 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBLICH, ETHELYN	32 NAME	
STREET ADDRESS	9455 COLLINS AVE 404	33 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLODOVNIK, TED	42 NAME	
STREET ADDRESS	9455 COLLINS AVE PH10	43 STREET ADDRESS	100001716621
CITY-ST-ZIP	SURFSIDE FL	44 CITY-ST-ZIP	-02/16/96--01026--002
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGELSTEIN, HAROLD	52 NAME	
STREET ADDRESS	9455 COLLINS AVE 506	53 STREET ADDRESS	***61.25
CITY-ST-ZIP	SURFSIDE FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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: Ben A. Dinatale 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

75 2-11-96