

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33154-2674 US
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3. Date Incorporated or Qualified 10/16/1990	3a. Date of Last Report 02/11/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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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	

9. Name and Address of Current Registered Agent

**ROBERTS MANAGEMENT & REALTY CO
 4840 NE 153RD STREET
 N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> DELETE
NAME	DINATALE, BEN	
STREET ADDRESS	9455 COLLINS AVE #904	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAYERS, LOUIS	
STREET ADDRESS	9455 COLLINS AVE PH5	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LIEBLICH, ETHELYN	
STREET ADDRESS	9455 COLLINS AVE 404	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	XXXXXXXXXXXX	<input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXXXX	Remove
STREET ADDRESS	XXXXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXXXX	
TITLE	XXXXXXXXXXXX	<input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXXXX	Remove
STREET ADDRESS	XXXXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXXXX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEAN PICKMAN
4.3 STREET ADDRESS	9455 Collins Avenue
4.4 CITY-ST-ZIP	Surfside, FL 33154
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002268680
6.3 STREET ADDRESS	-08/15/97--01090--001
6.4 CITY-ST-ZIP	***61.25

PE 8-14

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)