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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N40419

1. Corporation Name
THE WAVES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
9455 COLLINS AVE OFFICE SURFSIDE FL 33154 US	9455 COLLINS AVE OFFICE SURFSIDE FL 33154 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/16/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0305088
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTS MANAGEMENT & REALTY CO 1840 NE 153RD STREET N MIAMI BEACH FL 33162	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	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 _____ 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	1.1 TITLE	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINATALE, BEN	1.2 NAME	
STREET ADDRESS	9455 COLLINS AVE #904	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYERS, LOUIS	2.2 NAME	STAN LERMAN
STREET ADDRESS	9455 COLLINS AVE PH5	2.3 STREET ADDRESS	9455 COLLINS AVENUE
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP	SURFSIDE, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBLICH, ETHELYN	3.2 NAME	
STREET ADDRESS	9455 COLLINS AVE 404	3.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKMAN, JEAN	4.2 NAME	
STREET ADDRESS	9455 COLLINS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: BEN DINATALE DATE: 4/28/99 DAYTIME PHONE #: (305) 865-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)