


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-18-2004 90020 004 ****61.25

DOCUMENT # N40419
 1. Entity 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 Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

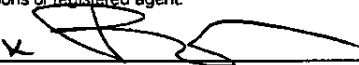
Zip Country Zip Country



MOORE CR2E037 (11/03)
 4. FEI Number **65-0305088** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBERTS MANAGEMENT
1840 NE 153RD STREET
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  DATE **2/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DINATALE, BEN | President |
| STREET ADDRESS | 9455 COLLINS AVE | |
| CITY-ST-ZIP | SURFSIDE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | MAYERS, LOUIS | Treasurer |
| STREET ADDRESS | 9455 COLLINS AVE | |
| CITY-ST-ZIP | SURFISDE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NAMIER, VIVIAN | |
| STREET ADDRESS | 9455 COLLINS AVE | |
| CITY-ST-ZIP | SURFSIDE FL 33154 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ethelyn Lieblin | Director |
| STREET ADDRESS | 9455 COLLINS AVE. | |
| CITY-ST-ZIP | SURFSIDE, FL. | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANFORD MUSIKAR | Director |
| STREET ADDRESS | 9455 COLLINS AVE. | |
| CITY-ST-ZIP | SURFSIDE, FL. 3 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #