

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 036 \*\*\*\*61.25

<b>DOCUMENT # N40419</b> 1. Entity Name <b>THE WAVES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9455 COLLINS AVE OFFICE SURFSIDE, FL 33154 US</b>			Mailing Address <b>9455 COLLINS AVE OFFICE SURFSIDE, FL 33154 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0305088</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>POLIAKOFF, GARY A BECKER &amp; POLIAKOFF PA 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GURVITSCH, SERGIO</b>		NAME	<b>MOTELES, Eugene</b>	
STREET ADDRESS	<b>9455 COLLINS AVE</b>		STREET ADDRESS	<b>9455 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>		CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOTELES, EUGENE</b>		NAME	<b>GURVITSCH, SERGIO</b>	
STREET ADDRESS	<b>9455 COLLINS AVE</b>		STREET ADDRESS	<b>9455 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>		CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PEREZ, JOSE</b>		NAME		
STREET ADDRESS	<b>9455 COLLINS AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUSIKAR, SANFORD</b>		NAME	<b>DEKELBAUM, MAX</b>	
STREET ADDRESS	<b>9455 COLLINS AVE</b>		STREET ADDRESS	<b>9455 COLLINS AVE</b>	
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>		CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DE LA ROSA, AURORA</b>		NAME		
STREET ADDRESS	<b>9455 COLLINS AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Eugene Moteles, Pres. Eugene Moteles</i> <b>1-23-07</b> <b>865-0744</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					