

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40419

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** THE WAVES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9455 COLLINS AVE  
OFFICE  
SURFSIDE, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

9455 COLLINS AVE  
OFFICE  
SURFSIDE, FL 33154 US

**New Mailing Address:**

**FEI Number:** 65-0305088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
BANK OF AMERICA CENTER  
625 N. FLAGLER DRIVE, 7TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KWELLER, ROBERT O  
Address: 9455 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: VP  
Name: DKELBAUM, MAX  
Address: 9455 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: D  
Name: PRASCHNIK, SALOMON  
Address: 9455 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: S  
Name: DE LA ROSA, AURORA  
Address: 9455 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: T  
Name: BEHAR, YONTO I  
Address: 9455 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAX DEKELBAUM

VP

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date