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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40419 (6)

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0305088	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A.
BISCAYNE CENTRE, SUTIE 760
11900 BISCAYNE BLVD.
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: Roberts Management & Realty Co.
82 Street Address (P.O. Box Number is Not Acceptable): 1885 NE 149th Street
83
84 City: North Miami, FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X [signature] PRESIDENT 4-27-95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TP	11 TITLE		☐ Change ☐ Addition
NAME	DINATALE, BEN	12 NAME		
STREET ADDRESS	9455 COLLINS AVE #904	13 STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL	14 CITY-ST-ZIP		
TITLE	[illegible]	21 TITLE	VP	☒ Change ☐ Addition
NAME	[illegible]	22 NAME	LOUIS MAYERS	
STREET ADDRESS	[illegible]	23 STREET ADDRESS	9455 Collins Avenue #PH5	
CITY-ST-ZIP	[illegible]	24 CITY-ST-ZIP	Surfside, Fl	
TITLE	[illegible]	31 TITLE	T	☒ Change ☐ Addition
NAME	[illegible]	32 NAME	Ethelyn Lieblich	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	9455 Collins Avenue - 404	
CITY-ST-ZIP	[illegible]	34 CITY-ST-ZIP	Surfside, FL	
TITLE	[illegible]	41 TITLE	S	☒ Change ☐ Addition
NAME	[illegible]	42 NAME	Ted Solodovnick	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	9455 Collins Avenue - PH10	
CITY-ST-ZIP	[illegible]	44 CITY-ST-ZIP	Surfside, FL	
TITLE	[illegible]	51 TITLE	D	☒ Change ☐ Addition
NAME	[illegible]	52 NAME	Harold Engelstein	
STREET ADDRESS	[illegible]	53 STREET ADDRESS	9455 Collins Avenue - 506	
CITY-ST-ZIP	[illegible]	54 CITY-ST-ZIP	Surfside, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 3/29/95 BEN DINATALE 305-947-3999

SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0006340