

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

3. Date Incorporated or Qualified
10/16/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS MANAGEMENT & REALTY CO

**1885 NE 140TH ST
SUITE 100
1900 BISCAYNE BLVD.
SUITE 100
N MIAMI FL 33181
XXXXXXXXXX**

81 Name

ROBERTS MANAGEMENT & REALTY CO., INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1840 NE 153rd Street

83

84 City

North Miami Beach,

FL

85 Zip Code

33162

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> DELETE
NAME	DINATALE, BEN	
STREET ADDRESS	9455 COLLINS AVE #904	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAYERS, LOUIS	
STREET ADDRESS	9455 COLLINS AVE PH5	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LIEBLICH, ETHELYN	
STREET ADDRESS	9455 COLLINS AVE 404	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOLODOVNIK, TED	
STREET ADDRESS	9455 COLLINS AVE PH10	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGELSTEIN, HAROLD	
STREET ADDRESS	9455 COLLINS AVE 506	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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***61.25**

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)(k), 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: **BEN N. DINATALE** 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/24/97
Daytime Phone #

CR2E037 (12/95)

75 2-11-96