

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90026 049 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**ROBERTS MANAGEMENT & REALTY CO
1840 NE 153RD STREET
N MIAMI BEACH FL 33162**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DINATALE, BEN	
STREET ADDRESS	9455 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAYERS, LOUIS	
STREET ADDRESS	9455 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PICKMAN, JEAN	
STREET ADDRESS	9455 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

BENJAMIN A. DINATALE 2/4/02 305-500-4296

CR2E037 (9/01)