

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005186

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE WAVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2501 S. OCEAN DR.
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

2501 S. OCEAN DR.
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-2357592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIR., STE. 1102
CORAL GABLES, FL 33134 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: V () Delete
Name: BERKOWITZ, BRIAN
Address: 2501 S OCEAN DR #1412
City-St-Zip: HOLLYWOOD, FL 33019

Title: P () Delete
Name: CASEY, JOHN
Address: 2501 S OCEAN DR 1011
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: OSBOVINE, DORTHY
Address: 2501 S OCEAN DR #1735
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: CHRIMK, MINDY
Address: 2501 S OCEAN DR #1526
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: DIFALIO, MAGGIE
Address: 2501 S OCEAN DR 1111
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DIFALCO, MATILDA
Address: 2501 S OCEAN DR #1111
City-St-Zip: HOLLYWOOD, FL 33019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: OSBOURNE, DORTHY
Address: 2501 S OCEAN DR #1735
City-St-Zip: HOLLYWOOD, FL 33019

Title: D (X) Change () Addition
Name: CHERMAK, MINDY
Address: 2501 S OCEAN DR #1526
City-St-Zip: HOLLYWOOD, FL 33019

Title: T (X) Change () Addition
Name: NIGRO, TIM
Address: 2501 S OCEAN DR #720
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN CASEY

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date