

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40419

**FILED**  
**Apr 02, 2014**  
**Secretary of State**  
**CC5186877935**

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

**Current Principal Place of Business:**

9455 COLLINS AVE  
OFFICE  
SURFSIDE, FL 33154

**Current Mailing Address:**

9455 COLLINS AVE  
OFFICE  
SURFSIDE, FL 33154 US

**FEI Number:** 65-0305088

**Certificate of Status Desired:** No

**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

*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

**Officer/Director Detail :**

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

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

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

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

Title T  
Name MOTELES, EUGENE  
Address 9455 COLLINS AVE  
City-State-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:** DKELBAUM , MAX

VP

04/02/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date