


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714442**  
 1. Entity Name  
 THE WAYNE CONDOMINIUM, INC.



Principal Place of Business 1160 99TH STREET BAY HARBOR ISLANDS, FL 33154	Mailing Address 1160 99TH STREET BAY HARBOR ISLANDS, FL 33154
---	---

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 71-4442230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EVERETT, ALIDA C.  
 1160 99 STREET, APT. 2  
 BAY HARBOR ISLANDS, FL 33154

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	APD WEINER, MICKEY 1160 99 ST BAY HARBOR ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD EVERETT, ALIDA C. 1160 99 ST BAY HARBOR ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, SUSAN 1160 99 ST BAY HARBOR ISL, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD00000920382  
 05/14/08-80042-002 614/25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mickey Weiner 4/21/08 (305)8616790  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #