


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90014 033 \*\*\*\*61.25

**DOCUMENT # 731951**  
 1. Entity Name  
**WAVECRESTER CONDOMINIUM, INC.**



Principal Place of Business Mailing Address  
 301 S MIRAMAR AVE 301 S MIRAMAR AVE  
 INDIALANTIC FL 32903-8133 INDIALANTIC FL 32903-8133

00017033



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1651860** Applied For  
**59-1617160** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DOUGLAS, ALLISON**  
**301 S. MIRAMAR #105**  
**INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLISON, DOUGLAS 301 S. MIRAMAR #105 INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLISON, DOUGLAS 301 S. MIRAMAR #105 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERACI, ROSE 301 S MIRAMAR AVE #305 INDIALANTIC FL 32903-8133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE GERACI 301 S. MIRAMAR #305 INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNBECK, JAMES 301 S MIRAMAR AVENUE, APT 201 INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDY LEE 301 S. MIRAMAR #106 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JUDY 301 S MIRAMAR #106 INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID BRADLEY 301 S. MIRAMAR #306 INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O COYL, ED 301 S. MIRAMAR #203 INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY LOBMEYER 2753 MADRIGAL LANE W. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alouglas Allison Douglas Allison *Vice Pres.* 4/6/07 321-727-2552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR