FROM :

FAX NO. :

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90099 009 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F43429

1. Entity Name
NEW WAVE POOLS & SPAS, INC.

Principal Place of Business	Mailing Address
1534 N. VICTORIA PARK RD. FT LAUDERDALE, FL 33304	1534 N. VICTORIA PARK RD. FT LAUDERDALE, FL 33304

40101118

02)22007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2126512
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONDELL, CONDELL C
1534 NORTH VICTORIA PARK ROAD
FT LAUDERDALE, FL 33304

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added To Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONDELL CONDELL C.
STREET ADDRESS	1534 N VICTORIA PARK RD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VT
NAME	CONDELL, ROBIN B
STREET ADDRESS	1534 N VICTORIA PARK RD
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	ST
NAME	LYLE, MARGIE
STREET ADDRESS	1901 NE 56TH CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304 (delete)
TITLE	ST
NAME	Dave Condell
STREET ADDRESS	1534 N. Victoria Pk Rd. (add)
CITY-ST-ZIP	Ft. Laud, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: RBC Robin B Condell 4/30/07 (954)462-0328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #