2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000000874

This is a second security of State Secretary of State

Entity Name: THE WAVERLY AT SOUTH BEACH CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1330 WEST AVENUE MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 1330 WEST AVENUE MIAMI BEACH, FL 33139 FEI Number: 38-3672698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROGEL, DAVID H ESQ. 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BOND, DEREK Name: Name: 1330 WEST AVENUE #3402 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition MAKRI, MARIANNA Name: Name: Address: 1330 WEST AVENUE #2113 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: Title: (X) Change () Addition () Delete WITZ, DAVID Name: WITZ, DAVID Name: 1330 WEST AVENUE #3403 1330 WEST AVENUE #3403 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change () Addition Name: RICHTER, PETER Name: 1330 WEST AVENUE, UNIT#3008 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: (X) Change () Addition SUMIDA, HIROKAZU DIONNE, ROBERT JR Name: Name: 1330 WEST AVENUE #514 1330 WEST AVENUE #903 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT DIONNE T 08/18/2006