


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 017 ****70.00

DOCUMENT # N04000006805 1. Entity Name WAVES STPETEBEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 600 71 AVENUE ST PETE BEACH, FL 33706			Mailing Address 600 71 AVENUE ST PETE BEACH, FL 33706		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 28327 OPEN FIELD LOOP Suite, Apt. #, etc.			
City & State		City & State WESLEY CHAPEL FL		4. FEI Number 270098774	
Zip 33543		Country PASCO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARSENAULT, JR., KENNETH G 10225 ULMERTON RD STE 2 LARGO, FL 33771				7. Name and Address of New Registered Agent Name JOE CARADONNA Street Address (P.O. Box Number is Not Acceptable) 28327 OPENFIELD LOOP City WESLEY CHAPEL FL Zip Code 33543	
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 <u><i>Joe Caradonna</i></u> DATE <u>3/9/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP MONTCHAL, RAYMOND J 9652 105 AVE NORTH LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARADONNA, JOSEPH 28327 OPENFIELD LOOP WESLEY CHAPEL FL, 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONTCHAL, KIM 9652 105 AVE NORTH LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRAUN, RICHARD 864 ADDISON DR NE ST PETERSBURG FL, 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JENNEKELE, KEITH 9652 105 AVE NORTH LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HENRICH, JAMES 7906 GRIMSLEY LANE NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: <u>JOE CARADONNA DP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/9/05</u> Daytime Phone # <u>813 454 2804</u>		