2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # N0400006805 1. Entity Name WAVES STPETEBEACH CONDOMINIUM ASSOCIATION,					04-28-	2006 90208	3 009 ****61.25		
WAVES STPETEBEACH CONDOMINIUM ASSOCIATION, INC.									
Principal Plac 600 71 AVEI ST PETE BEA	(UE 28	ling Address 327 OPEN FIELD LOOP SLEY CHAPEL, FL 3354	13			600	30918		
7 Frincipal Place of Business 3 Mailing Address									
Suite Apt # etc. Suite Apt # etc.			1525 #	S JEWF	03032006 Chg-NP CR2E037 (11/05)				
Pirell	so Panc per Po	City & State Collaboration	0 15,		4. FEI Number 27-009877	4		oplied For ot Applicable	
3378	Country Solution 6. Name and Address of Current Registr	2ip 3781	Country <u>USA</u>		 Certificate of State Name and Add 		\$8.75 Add Fee Require		
	o. Harris and Houses of Current Nagari	irea regent	Name	E 1-1	1. 114010 4114 444	, , , , , , , , , , , , , , , , , , ,	yastered Agent		
CARADONNA, JOE 28327 OPEN FIELD LOOP WESLEY CHAPLEY, FL F3354-3				Street Address (P.O. Box Number is Not Acceptable) # 2					
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T(10105 FOR 15 33) A							78-1		
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
	signature, typed or printed name of registered agent and title if	applicable. (NOTE: Reg	Asongia toegA bendar	nte tedinied	when reinstating)		DATE		
·	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Contr	ign Financing	TIE (edured	\$5.00 May Be Added to Fees		ake check payable t da Department of S		
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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 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:

IATURE AND TYPED OR PRINTED NAME OF BIGUING OFFICER OR DIRECT

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