2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N04000006805

Entity Name: WAVES STPETEBEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

600 71ST AVE
ST. PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

112 S.W. MONROE
CIRCLE N
SAINT PETERSBURG, FL 33703

New Mailing Address:

112 S.W. MONROE CIRCLE N.
SAINT PETERSBURG, FL 33703

FEI Number: 27-0098774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELITE ASSOCIATION MGMT
112 S.W. MONROE CIRCLE N
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

RAY, GERRIE
112 S.W. MONROE CIRCLE N
SAINT PETERSBURG, FL 33703 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: GERRIE RAY 03/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete
Name: SCHOLL, MARK
Address: 1035 PONTIAC DRIVE
City-St-Zip: BATAVIA, IL 60510

Title: TD ( ) Delete
Name: ANAPOL, STEVE
Address: 47312 ROCK FALLS TERRACE
City-St-Zip: STERLING, VA 20155

Title: PD ( ) Delete
Name: HENRICH, JAMES
Address: 27410 WATER ASH DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK SCHOLL VSD 03/29/2009
Electronic Signature of Signing Officer or Director Date