


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90169 009 \*\*\*\*61.25

<b>DOCUMENT # N05000012011</b>	
1. Entity Name <b>BLUE WAVE CONDOMINIUM ASSOCIATION OF BREVARD COUNTY, INC.</b>	

Principal Place of Business <b>405-A ATLANTIS ROAD CAPE CANAVERAL, FL 32920</b>	Mailing Address <b>405-A ATLANTIS ROAD CAPE CANAVERAL, FL 32920</b>
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2. Principal Place of Business - No P.O. Box # <b>503 N. Orlando Ave</b>	3. Mailing Address <b>503 N. Orlando Ave</b>
Suite, Apt. #, etc. <b>Suite 205</b>	Suite, Apt. #, etc. <b>Suite 205</b>
City & State <b>Cocoa Beach FL</b>	City & State <b>Cocoa Beach FL</b>
Zip <b>32931</b>	Country <b>Brevard</b>

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-4168610</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BRODIE, SIDNEY Z GATEWAY TITLE COMPANY 7270 NW 12TH STREET PH-1 MIAMI, FL 33126</b>	
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7. Name and Address of New Registered Agent Name <b>Pro manage, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>503 N. Orlando Ave Suite 205</b> City <b>Cocoa Beach</b> FL <b>32931</b>	
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE <b>4/10/07</b>
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAL, ORI 405-A ATLANTIS ROAD CAPE CANAVERAL, FL 32920 <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	VPSD BOAZIZ, MORDECHAI 405-A ATLANTIS ROAD CAPE CANAVERAL, FL 32920 <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	D FINK, GUY 405-A ATLANTIS ROAD CAPE CANAVERAL, FL 32920 <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
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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/10/07</b>	Daytime Phone #
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