2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N07000006156

Entity Name: THE RESIDENCES AT PALM WAVE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 S CENTRAL AVE SUITE 105
FLAGLER BEACH, FL 32136

New Principal Place of Business:

300 S CENTRAL AVE
SUITE 105
FLAGLER BEACH, FL 32136

Current Mailing Address:

300 S CENTRAL AVE SUITE 105
FLAGLER BEACH, FL 32136

New Mailing Address:

300 S CENTRAL AVE
SUITE 105
FLAGLER BEACH, FL 32136

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORAN, JOHN W
300 S CENTRAL AVE SUITE 105
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: HORAN, JOHN W
Address: 300 S CENTRAL AVE SUITE 105
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD ( ) Delete
Name: BRAREN, MICHAEL
Address: 300 S CENTRAL AVE SUITE 105
City-St-Zip: FLAGLER BEACH, FL 32136

Title: STD ( ) Delete
Name: KENNELLY, ROBERT
Address: 300 S CENTRAL AVE SUITE 105
City-St-Zip: FLAGLER BEACH, FL 32136

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: ROBERT KENNELLY MEM 03/06/2009
Electronic Signature of Signing Officer or Director — Date