2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N40419

Entity Name: THE WAVES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9455 COLLINS AVE
OFFICE
SURFSIDE, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9455 COLLINS AVE
OFFICE
SURFSIDE, FL 33154 US

New Mailing Address:

FEI Number: 65-0305088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A
BECKER & POLIAKOFF PA
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: P ( ) Delete
Name: MOTELES, EUGENE
Address: 9455 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: VP ( ) Delete
Name: GURVITSCH, SERGIO
Address: 9455 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: D ( ) Delete
Name: PEREZ, JOSE
Address: 9455 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: S ( ) Delete
Name: DE LA ROSA, AURORA
Address: 9455 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: T ( ) Delete
Name: BEKEL BAUM, MAX T
Address: 9455 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GURVITSCH, SERGIO
Address: 9455 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: VP (X) Change ( ) Addition
Name: KWELLER, ROBERT O
Address: 9455 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: D (X) Change ( ) Addition
Name: DKELBAUM, MAX
Address: 9455 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

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

Title: T (X) Change ( ) Addition
Name: PEREZ, JOSE
Address: 9455 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

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: M.D. THE WAVES CONDOMINIUM MGR 02/13/2009
Electronic Signature of Signing Officer or Director — Date