

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025533

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** WAVE'S CABANA VILLAGE OF KENDALL TOWN, INC.

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304 A  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304 A  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 26-2278713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'MALLEY, ANDREW M  
712 SOUTH OREGON AVENUE  
TAMPA, FL 33606 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FORT, DAVID H  
Address: 1301 PLANTATION ISLAND DRIVE SO., STE.304  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: DS ( ) Delete  
Name: FORT, CLAUDIA A  
Address: 1301 PLANTATION ISLAND DRIVE SO., STE.304  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID H. FORT

DP

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date