

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000874

**Entity Name:** THE WAVERLY AT SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**5657314385CC**

**Current Principal Place of Business:**

1330 WEST AVENUE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1330 WEST AVENUE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33139 US

**FEI Number: 38-3672698**

**Certificate of Status Desired: No**

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

BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MUSTIN, MICHAEL  
Address        1330 WEST AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            MARSHALL, ERIC  
Address        1330 WEST AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title            TREASURER  
Name            LADDIN, DANIEL  
Address        1330 WEST AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title            SECRETARY  
Name            DANDRIDGE, GEORGE  
Address        1330 WEST AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            HENLEY-CORALLO, BARBARA  
Address        1330 WEST AVENUE  
                  MANAGEMENT OFFICE  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL MUSTIN**

**PRESIDENT**

**03/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date